

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90346 027 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000051397					
1. Entity Name THE M UNIT 1901 CORP					
Principal Place of Business 19441 STONEBROOK WESTON, FL 33332			Mailing Address 19441 STONEBROOK WESTON, FL 33332		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 841676009	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARANGO, SOFIA 19441 STONEBROOK WESTON, FL 33332			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PANTIN, EDUARDO		NAME		
STREET ADDRESS	19441 STONEBROOK		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33332		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARANGO, ANDRES		NAME		
STREET ADDRESS	19441 STONEBROOK		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33332		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Andres Arango</u> <u>Andres Arango</u> 11/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

11/28 ad