# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2011**
**Secretary of State**

DOCUMENT# P09000094091

**Entity Name:** INVERSIONES UNO, CORP.

**Current Principal Place of Business:**

18683 COLLINS AVENUE, PH 2602
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18683 COLLINS AVENUE, PH 2602
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number: 27-1333053** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NG, KIT
18683 COLLINS AVENUE, PH 2602
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PVTS
Name: NG, KIT
Address: 18683 COLLINS AVENUE, PH 2602
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D
Name: NG, KIT
Address: 18683 COLLINS AVENUE, PH 2602
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIT NG PD 03/10/2011

Electronic Signature of Signing Officer or Director Date