


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003029
 1. Entity Name
 UNITED MIGRANT OPPORTUNITY SERVICES/UMOS INC.



Principal Place of Business
 2607 SOUTH 5TH STREET
 MILWAUKEE, WI 53207

Mailing Address
 2607 SOUTH 5TH STREET
 MILWAUKEE, WI 53207



01122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 39-1047172 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COALITION OF FLORIDA FARMWORKERS ORGS INC.
 778 WEST PALM DIRVE
 FLORIDA CITY, FL 33034

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000107399
 04/09/04-80013-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LOPEZ, JUAN J
STREET ADDRESS	2532 FAIRFIELD PL
CITY-ST-ZIP	MADISON, WI 53704
TITLE	VC
NAME	WATTS, MARIA
STREET ADDRESS	101 W PLEASANT STREET STE 100
CITY-ST-ZIP	MILWAUKEE, WI 53212
TITLE	S
NAME	LOPEZ, NEDDA
STREET ADDRESS	2449 S. 19TH STREET
CITY-ST-ZIP	MILWAUKEE, WI
TITLE	T
NAME	DELGADILLO, ROBERTO
STREET ADDRESS	PO BOX 1334
CITY-ST-ZIP	KENOSHA, WI 53141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lupe MARTINEZ Date 4/15/04 Daytime Phone # _____