


**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

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

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