


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000382**  
 1. Entity Name  
 LATIN AMERICAN VOTERS LEAGUE, INC.



Principal Place of Business: 8347 SW 40TH STREET MIAMI, FL 33155  
 Mailing Address: 8347 SW 40TH STREET MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)  
 4. FEI Number 65-1074004 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MASSA, SERGIO  
 8347 SW 40TH STREET  
 MIAMI, FL 33155

**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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEGUERO, RHADAMES
STREET ADDRESS	2885 NW 36TH STREET
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	TSD
NAME	MASSA, SERGIO
STREET ADDRESS	8347 SW 40TH STREET
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	VD
NAME	SANDIGO, NORA
STREET ADDRESS	11971 SW 118 ST
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000259711  
 03/11/05-80035-001 61.25

**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)(i), 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: Sergio Massa, TSD 3/4/05 (305) 2203423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #