


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 019 ****61.25

DOCUMENT # N00000006965

1. Entity Name
HERMANDAD OBRERA LATINO AMERICANA, INC.



Principal Place of Business Mailing Address
34 S W 21ST AVENUE MIAMI FL 33135 **34 S W 21ST AVENUE MIAMI FL 33135**

2. Principal Place of Business 3. Mailing Address
2855 LEONARD DRIVE **2855 LEONARD DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
H-302 **H-302**

City & State City & State
AVRITUNA FL **AVRITUNA FL**
Zip Country Zip Country
33160 Dade **33160 Dade**

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~HADANI, SHARON SAMUELS~~
~~1900 SANS SOUCI BLVD., #208~~
~~N. MIAMI FL 33181~~
2855 LEONARD DRIVE # H-302
AVRITUNA FL 33160

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL P	
STREET ADDRESS	34 S W 21ST AVENUE	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUERTE, GUSTAVO	
STREET ADDRESS	1470 W. 41ST STREET, #206	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAVILAN, ROSARIO	
STREET ADDRESS	1385 N W 24TH STREET, #1	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Manuel P. Gonzalez* **MANUEL P. GONZALEZ** 3/1/04 305 933-4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03010602



MOORE CR2E037 (11/03)