

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006965

FILED  
Jul 01, 2006  
Secretary of State

Entity Name: HERMANDAD OBRERA LATINO AMERICANA, INC.

**Current Principal Place of Business:**

2855 LEONARD DRIVE  
H-302  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2855 LEONARD DRIVE  
H-302  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HADANI, SHARON SAMUELS  
2855 LEONARD DRIVE # H-302  
AVENTURA, 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: PD ( ) Delete  
Name: GONZALEZ, MANUEL P  
Address: 34 S W 21ST AVENUE  
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete  
Name: FUERTE, GUSTAVO  
Address: 1470 W. 41ST STREET, #206  
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete  
Name: GAVILAN, ROSARIO  
Address: 1385 N W 24TH STREET, #1  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, MANUEL P  
Address: 2855 LEONARD DRIVE #H-302  
City-St-Zip: AVENTURA, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL P. GONZALEZ

PD

07/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date