

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

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90017 006 \*\*\*\*61.25

**DOCUMENT # N0100000524**

1. Entity Name  
**LATINO LEADERSHIP, INC.**



Principal Place of Business      Mailing Address

9318 E COLONIAL D      9318 E COLONIAL D  
A-14      A-14  
ORLANDO FL 32817      ORLANDO FL 32817

2. Principal Place of Business      3. Mailing Address

*615-A Herndon Ave*      *615 Herndon Ave*


Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*A*      *A*

City & State      City & State

*ORLANDO, FLORIDA*      *Orlando, Florida*

Zip      Country      Zip      Country  
*32803*      *US*      *32803*      *US*

**01000430**



MOORE      CR2E037 (4/04)

4. FEI Number      Applied For  
**59-3702613**       Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, LUIS F**  
**1500 S SEMORAN BLVD**  
**ORLANDO FL-32807**

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: *[Signature]*      DATE: *7/24/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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	C	<input checked="" type="checkbox"/> Delete
NAME	DIAZ-URBINO, MARIA T	
STREET ADDRESS	8457 SIDOM ST	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANZ, MARYTZA	
STREET ADDRESS	9318 E COLONIAL DR STE A-14	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, ROSALY	
STREET ADDRESS	1587 HUNLERS STAND RUN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRE, LUPE	
STREET ADDRESS	7412 LAKE DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, ROSE	
STREET ADDRESS	6160 LANDRACE LN	
CITY-ST-ZIP	ORLANDO FL 32807	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>615-A Herndon Ave. Orlando, FL 32803</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*      DATE: *7/24/2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #