2007 NOT-FOR-PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N01000001922 04-30-2007 90428 039 ****61.25 1. Entity Name LIGA LATINO AMERICANA, INC. Principal Place of Business Mailing Address 1632 32ND AVE E 1632 32ND AVE E BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1087362 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLE, FRANCISO Street Address (P.O. Box Number is Not Acceptable) 1632 32ND AVE E BRADENTON, FL 34208 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition WALLE, FRANCISO NAME NAME 1632 32ND AVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALVAREZ, ALEJANDRO J NAME NAME 2906 73ND AVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change FRANCO, JORGE NAME NAME STREET ADDRESS 1108 28TH AVE W STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 the 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 of powere

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED O GNING OFFICER OR DIRECTOR

Delete

FILED

Daytime Phone #

☐ Change

☐ Addition