

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# N02000009654

Entity Name: ASSOCIATION OF UNITED MEXICANS LA RAZA INC.

Current Principal Place of Business:

2704 SW 20TH AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2704 SW 20TH AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 86-1053404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, MARIA E
2704 SW 20TH AVE
OCALA, FL 34474

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: DP () Delete
Name: DIAZ, MARIA E
Address: 2704 SW 20TH AVE
City-St-Zip: Ocala, FL 34474

Title: DV () Delete
Name: DUARTE, MARINO
Address: 2704 SW 20TH AVE
City-St-Zip: Ocala, FL 34474

Title: DS () Delete
Name: MENDEZ, REINA
Address: 7544 HWY 40 WEST
City-St-Zip: Ocala, FL 34482

Title: DT () Delete
Name: SOSA, JURIAN
Address: 14340 NW 44 COURT
City-St-Zip: Ocala, FL 34473

Title: V () Delete
Name: SANDOVAL, JUAN
Address: 8021 NW 16 LANE
City-St-Zip: Ocala, FL 34475

Title: DP () Delete
Name: DIAZ, MARIA E
Address: 2704 SW 20 AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: MARIA E DIAZ

DP

05/02/2004

Electronic Signature of Signing Officer or Director

Date