


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40127910

DOCUMENT # N05000001016			
1. Entity Name LUNA LATINAS UNIDAS POR UN NUEVO AMENECER, INC.			
Principal Place of Business 19120 DOVES LANDING DR. TAMPA, FL 33647		Mailing Address P.O. BOX 48336 TAMPA, FL 33647	
2. Principal Place of Business - No P.O. Box # 19278 Wood Sage Dr State, Apt. #, etc.		3. Mailing Address PO Box 48336 State, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33647		Zip 33647	
Country USA		Country USA	
4. FE Number 20-2203474		Applied For (Not Applicable)	
5. Certificate of Status Deemed		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, MELBA 19120 DOVES LANDING DR. TAMPA, FL 33647		7. Name and Address of New Registered Agent Name: Dinorah Martinez Street Address (P.O. Box Number is Not Acceptable): 19278 Wood Sage Dr City: TAMPA FL Zip Code: 33647	
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: <i>Melba M Martinez</i> DATE: 7/24/07			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input checked="" type="checkbox"/> Delete NAME: MARTINEZ, MELBA STREET ADDRESS: 19120 DOVES LANDING DR. CITY-STATE-ZIP: TAMPA, FL 33647	TITLE: <input checked="" type="checkbox"/> Delete NAME: MARTINEZ, DINORAH STREET ADDRESS: 19278 WOOD SAGE DRIVE CITY-STATE-ZIP: TAMPA, FL 33647	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: ALMA FLORES STREET ADDRESS: 1419 NURSERY ROAD CITY-STATE-ZIP: CLEARWATER, FL 33756	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: CLAUDIA AGUADO-LOI STREET ADDRESS: 4026 BAYSHORE BLVD NE CITY-STATE-ZIP: ST. PETERSBURG, FL 33703
TITLE: <input type="checkbox"/> Delete NAME: YORRES, ENEDINA STREET ADDRESS: 6815 N GUNLOCK CITY-STATE-ZIP: TAMPA, FL 33614	TITLE: <input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: GLOEIA SAN MIGUEL STREET ADDRESS: 3006 CONIFER DR CITY-STATE-ZIP: LARGO, FL 33771	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: <input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: <input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or as an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Claudia Aguado Loi</i>		DATE: 7/24/07	



October 16, 2007

10/23/2007

Florida Department of the State
Subject: LUNA Latinas Unidas por un Nuevo Amanecer

Ref number: N05000001016

We received a letter stating that our report was not filed due to missing information on the report document, the titles of each officer/director. This was an oversight.

Please we have listed the titles for each officer/director:

Claudia Aguado-Loi - President
Dinorah Martinez - Vice President/Treasurer
Alma Flores - Vice President/ Secretary
Gloria San Miguel - Vice President

Please remove H. Toni Cruz from the list of officers/directors.

Thank you. Please contact me if you need any further clarification: 813-728-5895 (cell) or via email dmarti24@gmail.com

Thank you for your assistance in this matter.

Dinorah Martinez 