

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001016

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LUNA LATINOS UNIDOS POR UN NUEVO AMANECER, INC.

**Current Principal Place of Business:**

19278 WOOD SAGE DR.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48336  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 20-2203474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARTINEZ, DINORAH  
19278 WOOD SAGE DR.  
TAMPA, FL 33647      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: VPS      ( ) Delete  
Name: FLORES, ALMA  
Address: 1419 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33756

Title: VPT      ( ) Delete  
Name: MARTINEZ, DINORAH  
Address: 19278 WOOD SAGE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: P      ( ) Delete  
Name: AGUADO-LOI, CLAUDIA  
Address: 4026 BAYSHORE BLVD NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VP      ( ) Delete  
Name: SAN MIGUEL, GLORIA  
Address: 3026 CONIFER DR.  
City-St-Zip: LARGO, FL 33771

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T      ( ) Change (X) Addition  
Name: CRUZ, H. TONI CPA  
Address: LAKEPOINTE II 3111 W. DR. M. L. KING BLVD.  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify 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: DINORAH MARTINEZ

VPT

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date