

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001505

FILED
Apr 28, 2008
Secretary of State

Entity Name: MUJERES VALIENTES INC.

Current Principal Place of Business:

318 W. BRIDGERS AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1855
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3242832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPATA, ALICIA
255 S. SEMINOLE
LAKE ALFRED, FL 33850 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: PD () Delete
Name: MCGIVNEY, SISTER PEARL
Address: 255 SO SEMINOLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: TRD () Delete
Name: GONZALEZ, MARIA
Address: 822-26TH ST NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD () Delete
Name: DIAZ, CARMEN
Address: 221 ADAMS ST
City-St-Zip: AUBURNDALE, FL 33823

Title: SD () Delete
Name: ZAPATA, ALICIA
Address: 255 S SEMINOLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: RAMIREZ, ESTELA
Address: 211 MCKEAN ST
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: SISTER PEARL MCGIVNEY

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date