


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006708**

1. Entity Name  
**LA RAZA UNIDA CENTER, INC.**



Principal Place of Business <b>2002 MLK BLVD.          POMPANO BEACH, FL 33069</b>	Mailing Address <b>C/O RENTERIA          P.O. BOX 667665          POMPANO BEACH, FL 33066-7665 US</b>
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**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0877612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

8. Name and Address of Current Registered Agent

**ARTEAGA, EVA R  
 2002 HAMMONDVILLE ROAD  
 POMPANO BEACH, FL 33069**

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9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENTERIA, JOSE G 2002 HAMMONDVILLE RD. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTEAGA, EVA R 2002 MLK BLVD. #F POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENTERIA, ISRAEL 2002 HAMMONDVILLE ROAD POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 this 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 other like empowered.

**SIGNATURE:**  **Jan. 11, 2006** (95) 979-2130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #