


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90310 010 \*\*\*\*61.25

DOCUMENT # N99000006596					
1. Entity Name MUJERES LATINAS IMPULSANDO MUJERES LATINAS, INC.					
Principal Place of Business P.O. BOX 267336 WESTON, FL 33326			Mailing Address P.O. BOX 267336 WESTON, FL 33326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARIAS, ILEANA 1725 MAIN STREET, SUITE #205 WESTON, FL 33326				Name <u>ARIAS, ILEANA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1725 MAIN STREET, SUITE #209</u> City <u>WESTON</u> FL Zip Code <u>33326</u>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEROA, CINTHYA 16726 NW 20TH ST PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAJARDO, NADIA 1581 Winterberry Ln. WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE VALLE, SANDRA 16359 FERN DR FORT LAUDERDALE, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUOZZO, MARIA ANGELICA 16346 Malibu Dr WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABELLO, CLAUDIA 1354 NW 125 TERR FORT LAUDERDALE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTRADA, CLAUDINA 492 SAILBOAT CIRCLE WESTON FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLEJO, JENNY PO BOX 268234 FORT LAUDERDALE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERESETO, ADRIANA 4019 SANDERLING LN WESTON 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, MARTHA 2315 NW 184TH TERR HOLLYWOOD, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAICHENCO, CLAUDIA 1427 PRESIDIO DR. WESTON 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAJARDO, NADIA 1581 WINTERBERRY FORT LAUDERDALE, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMBO, MARLENE 18375 NW 21 St. PEMBROKE PINES FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Nadia Gajardo</u>			Date: <u>04/26/04</u>		Daytime Phone #: <u>954-6089071</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

ADDITION TO OFFICERS AND DIRECTORS

5404599.1  
~~#N99000006596~~  
IN 10

TITLE: D.

ADDITION

Name: GARCIA, EMILIA

STREET ADDRESS: 13424 NW 13<sup>th</sup> St

CITY - ST - ZIP: Pembroke Pines, FL 33028.