


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 042 ****61.25

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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04012005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0998319

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARIAS, ILEANA
 1725 MAIN STREET, SUITE #209
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
ARIAS, ILEANA

Street Address (P.O. Box Number is Not Acceptable)
1725 MAIN STREET SUITE # 209

City
WESTON FL Zip Code
33326

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUOZZO, MARIA ANGELICA 16346 MALIBU DR FORT LAUDERDALE, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTRADA, CLAUDINA 492 SAILBOAT CIRCLE FORT LAUDERDALE, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERESETO, ADRIANA 4019 SANDERING LANE FORT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLEIO, JENNY PO BOX 268234 FORT LAUDERDALE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAICHENCO, CLADIA 1427 PREDIDIO DR FORT LAUDERDALE, FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAJARDO, NADIA 1581 WINTERBERRY FORT LAUDERDALE, FL 33327	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADRIANA CERESETO 4019 SANDERING LN WESTON, FL. 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUDIA JAICHENCO 1427 PRESIDIO DR. WESTON, FL. 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILIANA GERARDI 16551 BLATT BLVD.#206 WESTON, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDINA ESTRADA 492 SAILBOAT CR. WESTON, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORA ROITER 3719 HERON RIDGE LN. WESTON, FL. 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANNA MONTANARO 445 CONSERVATION DR. WESTON, FL. 33326	<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)(i), 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: *Adriana Cereto* 04/01/05 954-217-8232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #