


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90070 018 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

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

01242007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0998319**

Applied For  
 Not Applicable

Zip Country

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  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	CERESETO, ADRIANA	
STREET ADDRESS	4019 SANDERLING LN	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JAICHENCO, CLAUDIA	
STREET ADDRESS	1427 PRESIDIO DR	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERARDI, LILIANA	
STREET ADDRESS	16551 BLATT BLVD #206	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESTRADA, CLAUDINA	
STREET ADDRESS	492 SAILBOAT CIR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VALLEJO, JENNY	
STREET ADDRESS	14911 S.W. 33 STREET	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARISOL, GARCES	
STREET ADDRESS	456 FISHTAIL TERR.	
CITY-ST-ZIP	WESTON, FL 33327	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, BETTY	
STREET ADDRESS	1011 FAIRPAX	
CITY-ST-ZIP	WESTON, FL. 33326	
TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, OLGA	
STREET ADDRESS	1506 WHITE HALL #40	
CITY-ST-ZIP	DAVIE, FL. 33321	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POURXET, PATRICIA	
STREET ADDRESS	578 CONSERVATION DR.	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, PATRICIA	
STREET ADDRESS	19476 SW. 65TH ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33332	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGADO, MAYRA	
STREET ADDRESS	1467 GARDEN RD.	
CITY-ST-ZIP	WESTON, FL. 33326	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MARIA HUMBERTA	
STREET ADDRESS	3929 HERON RIDGE LN.	
CITY-ST-ZIP	WESTON, FL. 33331	

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: *Betty Silva* **BETTY SILVA, PRESIDENT** **JAN 25/07** **954 3849430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #