2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000006596



Jan 29, 2007 8:00 am Secretary of State

FILED

1. Entity Name MUJERES LATINAS IMPULSANDO MUJERES LATINAS, INC.									01-29-200	90070	018	***	61.25	
P.O. BOX 267336 P.O.			P.O. B	ng Address BOX 267336 ITON, FL 33326										
Principal Place of Business - No P.O. Box # 3. Mailing Address														
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01242007	Chg-NP	CR2E0	37 (12	2/06)		
City & State		City & State					4. FEI Number 65-09983	319			_	plied For t Applicable		
Zip	Zip Country		Zip	Zip Cou		ıntry	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered	Agent				7. Name and A	ddress of New F	Registered	Agent			
ARIAS, ILI	-ΔNΔ					Name								
	N STREET	Г, SUITE #209 6		Street Address			ddress (P	2.0. Box Number	is Not Acceptable	e)				
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						City				FL	_ 41	ip Code	,	
	named entit	ty submits this statement fo stered agent.	ir the purpor	se of changing its	s registere	ed office or r	registere	ed agent, or both,	in the State of Fl	orida. Lam	familia	ır with, a	and accept	
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applic	able. (NO	TE: Registere	d Agent signature	re required v	when reinstating)		DATE				
SIGNATURE	Filing Fe	d or printed name of registered agent be is \$61.25 May 1, 2007	and title if applic	9. Election Ca Trust Fund	ımpaign F	inancing		\$5.00 May Be Added to Fees		DATE lake chec rida Depar				
SIGNATURE	Filing Fe	e is \$61.25		9. Election Ca	ımpaign F	inancing		\$5.00 May Be	Floi	lake chec rida Depar	rtment	t of St	ate	
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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, PRESIDENT O OFFICER OR DIRECTOR

JAN25/07 954 3849430

Daytime Phone #