

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732592

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** LIGA CONTRA EL CANCER, INC.

**Current Principal Place of Business:**

2180 SW 12 AVENUE  
MIAMI, FL 33129

**New Principal Place of Business:**

2180 S.W. 12 AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

2180 SW 12 AVENUE  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 59-1629554      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VILLA, LUIS MD  
Address: 200 CAUSARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

Title: VP  
Name: CORA, ADRIANA  
Address: 6051 S.W. 47TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP  
Name: PINA, MAYRA  
Address: 6644 S.W. 95TH COURT  
City-St-Zip: MIAMI, FL 33173

Title: VP  
Name: BLANCH, HILDA M M  
Address: 7945 S.W. 79TH TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: VP  
Name: FERRER, ELISEO  
Address: 11906 S.W. 59TH COURT  
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADRIANA CORA

VP

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date