

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001016

**Entity Name:** LUNA LATINOS UNIDOS POR UN NUEVO AMANECER, INC.

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC1560245733**

**Current Principal Place of Business:**

4001 W MLK BLVD  
TAMPA, FL 33614

**Current Mailing Address:**

P.O. BOX 48336  
TAMPA, FL 33647

**FEI Number: 20-2203474**

**Certificate of Status Desired: Yes**

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

MARTINEZ TYSON, DINORAH  
19201 CLIMBING ASTER DR  
TAMPA, FL 33647 US

*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

**Officer/Director Detail :**

Title P  
Name SIFONTES, VIVIAM  
Address 15821 COUNTRY LAKE DR  
City-State-Zip: TAMPA FL 33624

Title TREASURER  
Name MARTINEZ TYSON, DINORAH  
Address 19201 CLIMBING ASTER DR  
City-State-Zip: TAMPA FL 33647

Title VPS  
Name AGUADO LOI, CLAUDIA  
Address 4026 BAYSHORE BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title EXECUTIVE SECRETARY  
Name OCAMPO, ROSALINDA  
Address 213 W. AZALEA AVE  
City-State-Zip: TAMPA FL 33612

Title ASST. TREASURER  
Name OCAMPO, DIEGO  
Address 213 W. AZALEA AVE  
City-State-Zip: TAMPA FL 33612

*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: DINORAH MARTINEZ TYSON**

**VP**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date