

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002556

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC7770474785**

**Entity Name:** ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL  
INC

**Current Principal Place of Business:**

137 SENECA POINT TRL  
KISSIMMEE, FL 34746

**Current Mailing Address:**

137 SENECA POINT TRL  
KISSIMMEE, FL 34746 US

**FEI Number:** 26-2296852

**Certificate of Status Desired:** No

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

JIMENEZ, WAGNER  
137 SENECA POINT TRL  
KISSIMMEE, FL 34746 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:** WAGNER JIMENEZ

04/19/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LUCIANO, APOLINAR F  
Address 1218 BERMUDA LAKE LN  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name PEREZ DEL ORBE, BIENVENIDO F  
Address 137 SENECA POINT TRL  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name ESPINAL, DOMINGO A  
Address 137 SENECA POINT TRL  
City-State-Zip: KISSIMMEE FL 34746

Title TREA  
Name JIMENEZ, WAGNER G  
Address 137 SENECA POINT TRL  
City-State-Zip: KISSIMMEE FL 34746

Title SEC  
Name GUZMAN, FATIMA  
Address 1218 BERMUDA LAKE LN  
City-State-Zip: KISSIMMEE FL 34741

*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:** WAGNER JIMENEZ

P

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date