

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

DOCUMENT# N94000001505

**Entity Name:** MUJERES VALIENTES INC.

**Current Principal Place of Business:**

318 W. BRIDGERS AVE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P.O. BOX 1855  
AUBURNDALE, FL 33823

**FEI Number:** 59-3242832

**Certificate of Status Desired:** No

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

ZAPATA, ALICIA SISTER  
318 W. BRIDGERS AVE  
AUBURNDALE, FL 33823 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 PD  
Name MCGIVNEY, PEARL SISTER  
Address 318 W. BRIDGERS AVE  
City-State-Zip: AUBURNDALE FL 33823

Title TRD  
Name GONZALEZ, MARIA  
Address 2828 THORNHILL RD  
City-State-Zip: WINTER HAVEN FL 33880

Title VPD  
Name DIAZ, CARMEN  
Address 148 SUNRISE HILL LANE  
City-State-Zip: AUBURNDALE FL 33823

Title SD  
Name ZAPATA, ALICIA SISTER  
Address 318 W. BRIDGERS AVE  
City-State-Zip: AUBURNDALE FL 33823

Title D  
Name ARCINIEGA, HEIDRA  
Address 3490 AVE M NW  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name LARA, LORENA  
Address 606 MAGGIE CIRCLE  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name RAMIREZ, ISIDRA  
Address 313 -1ST STREET  
City-State-Zip: AUBURNDALE FL 33823

*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:** ALICIA ZAPATA, RSM

SD

03/26/2013

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

\_\_\_\_\_ Date