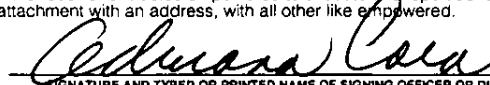


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90002 042 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 732592</b><br>1. Entity Name<br><b>LIGA CONTRA EL CANCER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                     |                                                                   |                                                                                                       |  |
| Principal Place of Business<br><b>2180 SW 12 AVENUE<br/>MIAMI, FL 33129</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                     | Mailing Address<br><b>2180 SW 12 AVENUE<br/>MIAMI, FL 33129</b>   |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | 3. Mailing Address                                                                  |                                                                   |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | Suite, Apt. #, etc.                                                                 |                                                                   |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    | City & State                                                                        |                                                                   |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                            | Zip                                                                                 | Country                                                           |                                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                     |                                                                   | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>INTRASTATE REGISTERED AGENT CORPORATION<br/>701 BRICKELL AVENUE, STE 3000<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                     |                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                 |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P<br/>VILLA, LUIS MD<br/>200 CAUSARINA CONCOURSE<br/>CORAL GABLES, FL 33143</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V<br/>CORA, ADRIANA<br/>6051 S.W. 47TH STREET<br/>MIAMI, FL 33155</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V<br/>PINA, MAYRA<br/>6644 S.W. 95TH COURT<br/>MIAMI, FL 33173</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V<br/>BLANCH, HILDA M M<br/>7945 S.W. 79TH TERRACE<br/>MIAMI, FL 33143</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V<br/>FERRER, ELISEO<br/>11906 S.W. 59TH COURT<br/>COOPER CITY, FL 33330</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| 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. |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b>  <b>3/19/2007</b> <b>205-836-4914</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                     |                                                                   |                                                                                                                                                                                        |  |

400500



02262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1629554**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**