2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 752807

Entity Name: NATIONAL CONFERENCE OF PUERTO RICAN WOMEN, INC.

Current Principal Place of Business:

PO BOX 970654
MIAMI, FL 33197 US

New Principal Place of Business:

1400 SALZEDO ST
#401
CORAL GABLES, FL 33134 US

Current Mailing Address:

P O BOX 970654
MIAMI, FL 33197 US

New Mailing Address:

1400 SALZEDO ST
#401
CORAL GABLES, FL 33134 US

FEI Number: 59-2798643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURA ROSAS
13993 SW 94TH CIRCLE
APT. 3-102
MIAMI, FL 33186 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:	PD	( ) Delete
Name:	PINON, GEORGINA	
Address:	9686 FOUNTAINBLEAU BLVD #510	
City-St-Zip:	MIAMI, FL 33172 US	
Title:	VP	( ) Delete
Name:	FORESTIER, PROVIDENCIA	
Address:	485 NE 114 ST	
City-St-Zip:	MISMI, FL 33161 US	
Title:	SD	( ) Delete
Name:	MORALES, LYDIA	
Address:	521 SW 42 AVE #102	
City-St-Zip:	MIAMI, FL 33134 US	
Title:	TD	( ) Delete
Name:	VENEGAS, NORAH	
Address:	1400 SALZEDO ST #401	
City-St-Zip:	CORAL GABLES, FL 22134` US	
Title:	ST	( ) Delete
Name:	PEDROGO, CARMEN	
Address:	2814 OAKLEIGH LN	
City-St-Zip:	DAVIE, FL 33328 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORAH VENEGAS TD 04/29/2004

Electronic Signature of Signing Officer or Director — Date