


**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90386 048 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 752807</b>		
1. Entity Name NATIONAL CONFERENCE OF PUERTO RICAN WOMEN, INC.		
Principal Place of Business 1400 SALZEDO ST #401 CORAL GABLES, FL 33134 US		Mailing Address 1400 SALZEDO ST #401 CORAL GABLES, FL 33134 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LAURA ROSAS 13993 SW 94TH CIRCLE APT. 3-102 MIAMI, FL 33186		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <del>JUAN ROSAS</del> Alba Arevalo <del>1425 SW 10TH STREET</del> 10549 N.W. 51st St. <del>MIAMI, FL 33134</del> Miami, Florida 33179	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PHILLIPS, IRMA 7655 NW 19 CT PEMBROKE PINES, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORALES, LYDIA 521 SW 42 AVE #102 MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VENEGAS, NORAH 1400 SALZEDO ST #401 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PEDROGO, CARMEN 2814 OAKLEIGH LN DAVIE, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE <u>Carmen Pedrogo</u> CARMEN PEDROGO		Date <u>5/31/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66018015



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2798643

Applied For  
Not Applicable

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