

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90242 004 ****61.25

DOCUMENT # 752807

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



DO NOT WRITE IN THIS SPACE

04112008 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

6. Name and Address of Current Registered Agent

LAURA ROSAS
13993 SW 94TH CIRCLE
APT. 3-102
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARSENIO ALBA Lucy del Valle
STREET ADDRESS	19549 NW 51ST ST 6829 SW 156 Ct.
CITY-ST-ZIP	MIAMI FL 33179 Miami, Florida 33193
TITLE	VP
NAME	PHILLIPS, IRMA
STREET ADDRESS	7655 NW 19 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	SD
NAME	MORALES, LYDIA
STREET ADDRESS	521 SW 42 AVE #102
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	TD
NAME	VENEGAS, NORAH
STREET ADDRESS	1400 SALZEDO ST #401
CITY-ST-ZIP	CORAL GABLES, FL 22134
TITLE	ST
NAME	PEDROGO, CARMEN
STREET ADDRESS	2814 OAKLEIGH LN
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Carmen A. Pedrego* **CARMEN A. PEDROGO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 16, 2006