## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000000234

Entity Name: LATINOS UNITED IN ACTION CENTER, INC.

FILED Jun 04, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3321 NW 1 MIAMI, FL	7TH AVE.			· · · · · · · · · · · · · · · · · · ·		
Current Mailing Address:				New Mailing Address:		
3321 NW 1 MIAMI, FL						
FEI Number: 65-1008371 FEI Number Applied For ( ) FEI N			FEI Number N	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VARGAS, C 1364 S.W. PEMBROK		33029 US				
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of char	ging its registe	red office or registered	agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICERS AND DIRECTORS:			ADD	ITIONS/CHAN	GES TO OFFICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	VARGAS, JUA 1364 SW 181 MIAMI BEACH VP ( PEREZ, SYLV	AVE , FL 33141 ) Delete	Title: Name Addre: City-S Title: Name Addre:	ss: 1364 SW t-Zip: MIAMI BE D PEREZ, \$	(X) Change ( ) Addition JUANA M 1181 AVE EACH, FL 33141 (X) Change ( ) Addition SYLVESTER DRE DRIVE APT 509	
City-St-Zip:	MIAMI, FL 33		City-S			
Title: Name: Address: City-St-Zip:	MONEGRO, V	DRIVE APT 509	Title: Name Addre City-S	ss: 80 S. SH	(X) Change ( ) Addition 3O, VIRGINIA DRE DRIVE APT 509 EACH, FL 33141	
Title: Name: Address: City-St-Zip:	URANGA, PED 1364 SW 181		Title: Name Addre City-S	ss: 1364 SW		
Title: Name: Address: City-St-Zip:	VARGAS, ZUN	DRIVE, SPT 508	Title: Name Addre: City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FELDMAN, ST	DRIVE APT 508	Title: Name Addre: City-S	ss:	( ) Change ( ) Addition	

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: JUANA A. VARGAS D 06/04/2004