

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000234

FILED  
May 19, 2007  
Secretary of State

**Entity Name:** LATINOS UNITED IN ACTION CENTER, INC.

**Current Principal Place of Business:**

3321 NW 17TH AVE.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3321 NW 17TH AVE.  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 65-1008371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VARGAS, JUANA A  
610 SW 21 ROAD  
MIAMI, FL 33129      US

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: D      ( ) Delete  
Name: VARGAS, JUANA M  
Address: 610 SW 21 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: D      ( ) Delete  
Name: PEREZ, SYLVESTER  
Address: 80 S. SHORE DRIVE APT 509  
City-St-Zip: MIAMI, FL 33141

Title: D      ( ) Delete  
Name: MONEGRO, VIRGINIA  
Address: 80 S. SHORE DRIVE APT 509  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: URANGA, PEDRO  
Address: 610 SW 21 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: D      ( ) Delete  
Name: VARGAS, ZUNILDA  
Address: 80 S SHORE DRIVE, SPT 508  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: FELDMAN, STEVEN  
Address: 1364 SW 181 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

**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 exemption stated 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 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

05/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date