

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000382

1. Entity Name
LATIN AMERICAN VOTERS LEAGUE, INC.



Principal Place of Business

8347 SW 40TH STREET
MIAMI, FL 33155

Mailing Address

8347 SW 40TH STREET
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



03042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1074004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSA, SERGIO
8347 SW 40TH STREET
MIAMI, FL 33155

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEGUERO, RHADAMES
STREET ADDRESS 2885 NW 36TH STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE TSD
NAME MASSA, SERGIO
STREET ADDRESS 8347 SW 40TH STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME SANDIGO, NORA
STREET ADDRESS 11971 SW 118 ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000259711
03/11/05-80036-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SERGIO MASSA, TSD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 (305) 2203423