


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90049 013 ****75.00

DOCUMENT # N00000002958	
1. Entity Name LATINAMERICAN FAMILY HOME CHILD CARE PROVIDERS & CENTERS ASSOCIATION, INC.	

Principal Place of Business 5636 SAILFISH DRIVE LUTZ FL 33558-5999 US	Mailing Address P.O. BOX 26945 TAMPA FL 33623-6945 US
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94042138



MOORE CR2E037 (11/03)

2. Principal Place of Business 6047 - Pointe Pleasant Blvd	3. Mailing Address P.O. Box 26945
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wesley Chapel, Florida	City & State Tampa, Florida
Zip 33544-4383	Zip 33623-6945
Country Pa S C O	Country Hillsborough

4. FEI Number 59-3641587	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOLSOM, LUZ N 5636 SAILFISH DRIVE LUTZ FL 33558-5999	
7. Name and Address of New Registered Agent Folsom, Luz N 6047 - Pointe Pleasant Blvd Wesley Chapel, FL 33544	

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLSOM, LUZ N 5636 SAILFISH DRIVE LUTZ FL 33558-5999 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Folsom, Luz N 6047 - Pointe Pleasant Blvd Wesley Chapel, Florida 33544-4383 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARAGON, ESTHER J 803 E LOUISIANA AVENUE TAMPA FL 33603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Alania, Ernestina 5201 - Guadalupe Blvd Wimauma, Florida 33598 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Ocasio, DEASIO, MIGUELINA 10273 BRANDY HILLS COURT TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Ocasio, Miguelina 10273-Brandy Hills Court Tampa, FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NEACSU, SONIA M 7019 ALLVIEW DRIVE TAMPA FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Donis, Zaida 5460 - Fulmar Drive Tampa, Florida 33625 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C VITERI, FLOR M 2711 GULF BLVD BELLEAIR BEACH FL 33786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Viteri, Flor M. 2711 - Gulf Blvd Belleair Beach, Florida 33786 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C NUNEZ, ANA E 4211 E RICKMERE STREET TAMPA FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Rodriguez, Virginia P. 1526 - N. Riverhill Drive Temple Terrace, Florida 33617 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Luz N Folsom** 02/27/04 (813)907-6578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #