2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000524

Name:

Address:

City-St-Zip:

RIOS, ROSE

6160 LANDRACE LN

ORLANDO, FL 32807

Entity Name: LATINO LEADERSHIP, INC.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 615-A HERNDON COVE 615 HERNDON AVE ORLANDO, FL 32803 ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 615-A HERNDON COVE 615 HERNDON COVE ORLANDO, FL 32803 ORLANDO, FL 32803 FEI Number: 59-3702613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO, FL 32807 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SANZ, MARYTZA Name: Name: 615-A HERNDON AVE Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: GUZMAN, ROSALY Name: MARGIE, STEINBARGER Address: 1587 HUNLERS STAND RUN Address: 14702 PARNBOROUGH CT City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32826 Title: () Delete Title: () Change () Addition TORRE, LUPE Name: Name: Address: 7412 LAKE DR Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: (X) 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.

Name:

Address:

City-St-Zip:

NUÑEZ, BENJAMIN

ORLANDO, FL 32835

2101 PARK CENTER DR SUITE 300

SIGNATURE: MARYTZA SANZ P 01/25/2005