

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001273**

1. Entity Name  
**HERENCIA LATINA INC.**



Principal Place of Business  
**709 NW 84TH ST  
GAINESVILLE, FL 32607**

Mailing Address  
**709 NW 84TH ST  
GAINESVILLE, FL 32607**



04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3700946**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CUENCA, CARMEN  
709 NW 84TH ST  
GAINESVILLE, FL 32607**

**DO NOT WRITE  
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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000140796  
04/29/04-80175-014 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	AGUIRRE, MIGUEL D.M.D.
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	RIVERO, MYRNA CABRERA M.A.E.D
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	STD
NAME	CUENCA, CARMEN
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	PERALTA, REGINO G
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	PD
NAME	REYES, ANGEL
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VD
NAME	RABEL, PACO
STREET ADDRESS	709 NW 84TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/04 352-331-7841**