




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 012 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04262005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3700946	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CUENCA, CARMEN 709 NW 84TH ST GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, MIGUEL D.M.D. 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUENCA, CARMEN 709 NW 84TH STREET GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, MYRNA CABRERA M.A.E.D 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALTA, REGINO G. 709 NW 84TH STREET GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUENCA, CARMEN 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, ANGEL 709 NW 84TH STREET GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALTA, REGINO G 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RABEL, PACO 709 NW 84TH STREET GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ANGEL 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDA SANTANA 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABEL, PACO 709 NW 84TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITURRASPE, JOSE & MARIA ELENA 709 NW 84TH STREET GAINESVILLE, FL 32607	<input 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:  CARMEN CUENCA 04/26/05 (352) 381-7841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					