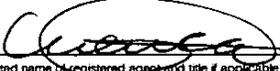


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 003 ****61.25

DOCUMENT # N01000001273			
1. Entity Name HERENCIA LATINA INC.		Principal Place of Business 101 NW 75TH ST STE 2 GAINESVILLE, FL 32607	
Mailing Address 101 NW 75TH ST STE 2 GAINESVILLE, FL 32607		2. Principal Place of Business - No P.O. Box # 6910 W University Ave	
Suite, Apt. #, etc. Suite #2		3. Mailing Address SAME	
City & State Gainesville FL		City & State	
Zip 32607		Country	
4. FEI Number 59-3700946		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUENCA, CARMEN 101 NW 75TH ST STE 2 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Carmen Cuenca Street Address (P.O. Box Number is Not Acceptable) 6910 W University Ave. STE-2 City Gainesville FL Zip Code 32607	
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 <input checked="" type="checkbox"/> 		Date 02/22/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUENCA, CARMEN		NAME Andres Batia	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS 6910 W University Ave. Suite #2	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP Gainesville, FL 32607	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERALTA, REGINALD G.		NAME	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, ANGEL		NAME	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RABEL, PALO		NAME Rabel, Paco	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS 6910 W University Ave. Suite #2	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP Gainesville, FL 32607	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTANA, WANDA		NAME	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ITURKASPE, JOSE & MARIA		NAME	
STREET ADDRESS 709 NW 84TH STREET		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <input checked="" type="checkbox"/> 		Date 02/22/07 (352) 331-7841	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	