
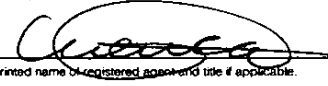
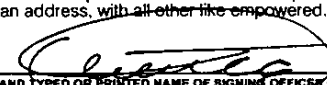


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. 	
City & State Gainesville FL		City & State 	
Zip 32607		Country 	
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  02/22/07. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 CUENCA, CARMEN STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andres Batia STREET ADDRESS 6910 W University Ave. Suite #2 CITY-ST-ZIP Gainesville, FL 32607.
TITLE	VD <input type="checkbox"/> Delete PERALTA, REGINALD G. STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> Delete REYES, ANGEL STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input checked="" type="checkbox"/> Delete RABEL, PALO STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition Rabel, Paco STREET ADDRESS 6910 W University Ave. Suite #2 CITY-ST-ZIP Gainesville, FL 32607.
TITLE	SD <input type="checkbox"/> Delete SANTANA, WANDA STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete ITURKASPE, JOSE & MARIA STREET ADDRESS 709 NW 84TH STREET CITY-ST-ZIP GAINESVILLE, FL 32607	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 02/22/07. (352) 331-7841 <small>Daytime Phone #</small>	