2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000001273

Entity Name: HERENCIA LATINA INC.

Current Principal Place of Business:

6910 W. UNIVERSITY AVE
SUITE #2
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6910 W. UNIVERSITY AVE
SUITE #2
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3700946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUENCA, CARMEN
6910 W UNIVERSITY AVE STE-2
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	CUENCA, CARMEN	
Address:	709 NW 84TH STREET	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VD	( ) Delete
Name:	PERALTA, REGINALD G.	
Address:	709 NW 84TH STREET	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	ANDRES, BATIA	
Address:	6910 W. UNIVERSITY AVE STE #2	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	PD	( ) Delete
Name:	RABEL, PALO	
Address:	6910 W. UNIVERSITY AVE SUITE #2	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	SD	( ) Delete
Name:	SANTANA, WANDA	
Address:	709 NW 84TH STREET	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	ITURKASPE, JOSE & MARIA	
Address:	709 NW 84TH STREET	
City-St-Zip:	GAINESVILLE, FL 32607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CARMEN CUENCA D 04/30/2008

Electronic Signature of Signing Officer or Director — Date