

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003133

FILED  
Apr 06, 2006  
Secretary of State

**Entity Name:** LATIN AMERICAN CHILDREN AND FAMILIES FOUNDATION, INC.

**Current Principal Place of Business:**

3680 INVERRARY DR STE 2R  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3680 INVERRARY DR STE 2R  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 31-1781283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARRIS, MARLENE P  
3680 INVERRARY DR STE 2R  
LAUDERHILL, FL 33319 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: CHARRIS, MARLENE P  
Address: 3680 INVIRORY DR. # 2R  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: COIMPOUVERDE, CECILIA  
Address: 8 CASTON WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete  
Name: TRUJILLO, ALVARO  
Address: 1011 W SUNRISE BLVD APT.205  
City-St-Zip: PLANTATION, FL 33322

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE P. CHARRIS

MS.

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date