

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003133

FILED
Apr 16, 2007
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:

3740 INVERRARY DR STE 2D
LAUDERHILL, FL 33319

Current Mailing Address:

3680 INVERRARY DR STE 2R
LAUDERHILL, FL 33319

New Mailing Address:

3740 INVERRARY DR STE 2D
LAUDERHILL, FL 33319

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:

CHARRIS, MARLENE P
3740 INVERRARY DR STE 2D
LAUDERHILL, FL 33319 US

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: _____

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHARRIS, MARLENE P
Address: 3680 INVERIORY 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: D (X) Change () Addition
Name: CHARRIS, MARLENE P
Address: 3740 INVERRARY DR. # 2D
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D (X) Change () Addition
Name: COIMPOVERDE, CECILIA
Address: 8 CASTON WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Change () Addition
Name: TRUJILLO, ALVARO
Address: 557 NW 97 AVENUE
City-St-Zip: PLANTATION, FL 33326

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

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date