

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90053 023 ****61.25

DOCUMENT # N01000003844

1. Entity Name

LATINOS UNIDOS, INC.



Principal Place of Business

P.O. BOX 353001
PALM COAST FL 32135

Mailing Address

P.O. BOX 353001
PALM COAST FL 32135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

11-3657298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONILLA, HARRY
61 FEDERAL LN
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Del Valle, Jaime

Street Address (P.O. Box Number is Not Acceptable)

73 FLEETWOOD DRIVE

City

PALM Coast,

FL

Zip Code

32137

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x4-10-2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **BONILLA, HARRY** ☒ Delete
STREET ADDRESS **61 FEDERAL LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE PD
NAME **HUNG, FRANCISCO** ☐ Delete
STREET ADDRESS **12 FISCHER LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE DS
NAME **RIVERA, MILAGROS** ☒ Delete
STREET ADDRESS **50' BALLENGER LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE TD
NAME **RODRIGUEZ, LILA** ☒ Delete
STREET ADDRESS **92 BARRINGTON DR.**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **DEL VALLE, JAIME**
STREET ADDRESS **73 FLEETWOOD DRIVE**
CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE TD ☒ Change ☐ Addition
NAME **HUNG, FRANCISCO**
STREET ADDRESS **12 FISCHER LN.**
CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE DS ☒ Change ☐ Addition
NAME **BARROS, CARMEN**
STREET ADDRESS **42 WYNNFIELD DR.**
CITY-ST-ZIP **PALM COAST, FL. 32164**

TITLE V ☐ Change ☐ Addition
NAME **ROSA, WILLIE**
STREET ADDRESS **50 WELLINGTON DR.**
CITY-ST-ZIP **PALM COAST, FL. 32164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4-10-2004

Date

Daytime Phone #

x 447-5826