

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90066 038 *****66.25

| | | | | | |
|---|--|--|--|---|---|
| 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. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 11-3657298 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DELVALLE, JAIME 73 FLEETWOOD DRIVE PALM COAST, FL 32137 | | | | 7. Name and Address of New Registered Agent Name Rodriguez, Felix Street Address (P.O. Box Number is Not Acceptable) 50 Waters DR. City Palm Coast, Fl FL Zip Code 32164 | |
| 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY - ST - ZIP | PD DEL VALLE, JAIME 73 FLEETWOOD DRIVE PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Rodriguez, Felix 50 Waters DR Palm Coast, Fl 32164 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD HUNG, FRANCISCO 12 FISCHER LN PALM COAST, FL 32137 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Hung, Francisco 12 Fischer LN Palm Coast, Fl 32137 |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS BARROS, CARMEN 42 WYNNFIELD DR PALM COAST, FL 32164 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS Vega, Martha 16 Royal Tern Ln Palm Coast, Fl 32164 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ROSA, WILLIE 50 WELLINGTON DR PALM COAST, FL 32164 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Rosa, Willie 50 Wellington DR Palm Coast, Fl 32164 |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: FELIX RODRIGUEZ <i>Felix Rodriguez</i> 8-31-05 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |