


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 27, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N01000004294</b> 1. Entity Name <b>UNITED HISPANICS UNION; ALL, ALL AGAINST THE LEAD, INC.</b>	
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Principal Place of Business <b>1390 SW 6TH ST, #4 MIAMI, FL 33135</b>	Mailing Address <b>PO BOX C14841 MIAMI, FL 33101</b>
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02192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1082843</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BACA, DELILAH 5206 NORTH MIAMI AVENUE MIAMI, FL 33127</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Delilah Baca</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <i>Feb 20 2004</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000069160 03/01/04-80006-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRD SANTIAGO, FRANCISCO 1390 SW 6TH ST, #4 MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DE ROSA, LILLIAN A 1390 SW 6TH ST, #4 MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BACA, DELILAH 5206 NORTH MIAMI AVENUE MIAMI, FL 33127</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Francisco Santiago</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>02/24/04</i> Daytime Phone #: <i>305-297-1391</i>