

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004925

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** MUJERES EXTRAORDINARIAS, MINISTERIO DE ORIENTACION PARA MUJERES SOLTERAS, INC.

**Current Principal Place of Business:**

15112 SOUTHWEST 140TH PL  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

15112 SOUTHWEST 140TH PL  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 56-2282230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECERRA, MARIA M  
15112 SOUTHWEST 140TH PL  
MIAMI, FL 33186 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: DPT ( ) Delete  
Name: BECERRA, MARIA M  
Address: 15112 SOUTHWEST 140TH PL  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: CORDOBA, SALOME  
Address: 15112 SOUTHWEST 140TH PL  
City-St-Zip: MIAMI, FL 33186

Title: DV ( ) Delete  
Name: ALARIO-NINA, MERCEDES A  
Address: 2801 PINE ISLAND ROAD N STE 301  
City-St-Zip: SUNRISE, 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: MARIA M. BECERRA

DPT

01/09/2007

Electronic Signature of Signing Officer or Director

Date