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

FILED Feb 23, 2004 8:00 am Secretary of State

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DOCUMENT # N02000005218 1. Entity Name WORKERS A HALLON FOR CHICAN CHILL ROSAN INCOME.					Secretary of State 02-04-2004 90089 014 ***150.00				
WORKER	'S UNION FOR CUBAN CH	IILDREN, INC.							
Principal Plac	e of Business	Mailing Address							
7103 SW 11 MIAMI FL 33	2TH PLACE 3173	15935 SW 57 ST MIAMI FL 32473 3	3193						
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE GR2E037 (11/03)				
City & Stat	ie.	City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	SO-08	OS 678	/	plied For t Applicable
Žip	Country	Zip	Country		5. Certificate of S	tatus Desired		3.75 Addi	itional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Add	iress of New Re	gistered Ag	ent	
SAN	VITROCK, HILDA	·	Name						=
710	3 SW 112TH PLACE		Street	Street Address (P.O. Box Number is Not Acceptable)					
MIA	MII FL 331/3								
			City				FL	Zip Code	3
	a named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office	or register	ed agent, or both, in	the State of Flor	ida. I am lan	niliar with,	and accept
SIGNATURE									
Sometime and	Signature, typed or printed name of regulated ag-	Alexandra I	TE: Registered Agent sig		when reinstaking)	Denostra Sess	DATE	ORGIN DE PROPERTO LA	risante en la
Sometime and	Signature, hiped of printed name of replaced applications. FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Ca Trust Fund	TE: Registered Agent significancing impaign Financing Contribution.		\$5.00 May Be Added to Fees	Mak Florid	DATE e Check I a Departm	Payable nent of S	to
10.	Signature, typed or printed name of registered applications. FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund	Impaign Financing Contribution.	'	\$5.00 May Be	Florid	e Check I a Departm S AND DIRE	ent of S	itate = 1
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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: (1-29-05)

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Data Oxymen Prome #