

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006250

FILED
Apr 25, 2004
Secretary of State**Entity Name:** LATINO OFFICERS ASSOCIATION FLORIDA, INC**Current Principal Place of Business:**1350 SW 72 AVE
MIAMI, FL 33144**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 44-0581
MIAMI, FL 33144**New Mailing Address:****FEI Number:** 11-3387577**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTINEZ, ALEXANDER
1350 SW 72 AVE
MIAMI, FL 33144 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: P () Delete
Name: MARTINEZ, ALEXANDER
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

Title: V () Delete
Name: AMOROS, ARNIE
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

Title: V () Delete
Name: FERRER, PETER
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

Title: V () Delete
Name: NEGRON, RAFAEL
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: JOHN MESTRINELLI,
Address: 1350 SW 72 AVW
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: SALINETRO, EDWARD
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: AMOROS, ARNIE
Address: POST OFFICE BOX 622316
City-St-Zip: OVIEDO, FL 32762 23

Title: V (X) Change () Addition
Name: FIGUERAS, ANGELO
Address: POST OFFICE BOX 44-0581
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHN MESTRINELLI,
Address: 1350 SW 72 AVW
City-St-Zip: MIAMI, FL 33144

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 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 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: ALEXANDER MARTINEZ

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date

JAIME GONZALEZ SEC/ TRES
P.O. BOX 622316
OVIEDO, FL 32762-2316