


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006979 1. Entity Name LATINO HERITAGE CULTURAL FOUNDATION INC.	
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Principal Place of Business 1021 N.W. 202 STREET MIAMI, FL 33169	Mailing Address 1021 N.W. 202 STREET MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 82-0565158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRUZ, HUMBERTO A
1021 N.W. 202 STREET
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

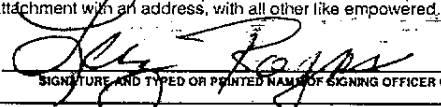
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000299106 04/11/05-80036-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTADO, OSWALDO 1021 N.W. 202 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BARRETO, WALTER 1021 N.W. 202 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROJAS, LUZ 1021 N.W. 202 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  4-4-05 305-6572957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #