

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

FILED
Jun 15, 2004 8:00 am
Secretary of State

05-03-2004 91221 020 ****61.25

DOCUMENT # N03000010919 1. Entity Name THE LATINOS UNIDOS SOCIAL CLUB OF CENTRAL FLORIDA INC.					
Principal Place of Business 473 BRIGHTVIEW DR. LAKE MARY FL 32746			Mailing Address 473 BRIGHTVIEW DR. LAKE MARY FL 32746		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CINTRON, ROLANDO 100 E. ANDERSON ST. # 1103 ORLANDO FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P ZABALA, OLGA 497 BRIGHTVIEW DR LAKE MARY FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
T SOLIS, JOE 160 LIVE OAK WOODS, # 5B DELTONA FL 32725		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
VP REYES, ROSALIE 720 BENEDICT WAY CASSELBERRY FL 32707		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
S DELEON, CARMEN 473 BRIGHTVIEW DR LAKE MARY FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			

SIGNATURE: *Olga Santiago* **OLGA SANTIAGO**

4/29/4 (407) 227-8992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #