

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011091

FILED
May 21, 2004
Secretary of State

Entity Name: NATIONAL LATIN AMERICAN ASSOCIATION, INC.

Current Principal Place of Business:

12629 S.W. 210 TERRACE
MIAMI, FL 33177

New Principal Place of Business:

16201 S.W. 95 AVENUE
SUITE 218
MIAMI, FL 33157

Current Mailing Address:

P.O. BOX 442205
MIAMI, FL 33144

New Mailing Address:

FEI Number: 42-1617501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGAN, SAMUEL D REV.
12629 S.W. 210 TERRACE
MIAMI, FL 33177

Name and Address of New Registered Agent:

PAGAN, SAMUEL D REV.
16201 SW 95 AVE.
SUITE 218
MIAMI, FL 33157

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: REV. DR. SAMUEL D. PAGAN

05/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAGAN, SAMUEL D DR
Address: 12629 S.W. 210 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: V () Delete
Name: PAGAN, JUAN P
Address: 12629 S.W. 210 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: ST () Delete
Name: PAGAN, MAYRA V
Address: 12629 S.W. 210 TERRACE
City-St-Zip: MIAMI, FL 33177

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 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: REV. DR. SAMUEL D. PAGAN

PRES

05/21/2004

Electronic Signature of Signing Officer or Director

Date