

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N04000007289

Entity Name: LATINOS UNIDOS EN ACCION, INC.

Current Principal Place of Business:

3321 NW 17TH AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3321 NW 17TH AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, JUANA A
3321 NW 17TH AVE
MIAMI, FL 33129 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: PEREZ, SYLVESTER
Address: 80 S, SHORE DR. APT #509
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: PEDRO, URANGA
Address: 1364 SW 181 AVE
City-St-Zip: PEMBROKE PINES, FL 33129

Title: D () Delete
Name: VARGAS, JUANA
Address: 1364 SW 181 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: ROJAS, JULIAN
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33029

Title: D () Delete
Name: MONEGRO, VIRGINIA
Address: 80 S SHORE DRIVE APT#509
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: JUANA A. VARGAS

D

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date