


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90289 032 \*\*\*\*61.25

<b>DOCUMENT # N04000011582</b> 1. Entity Name <b>UNITED WOMEN'S NETWORK INC.</b>					
Principal Place of Business <b>3601 COLLEGE AVENUE BOX 16 DAVIE, FL 33314</b>			Mailing Address <b>3601 COLLEGE AVENUE BOX 16 DAVIE, FL 33314</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>36-4565295</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GEORGES, LOVELEE 1186 N.E. 111STREET MIAMI, FL 33161</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COBURN, LAMOY</b>		NAME		
STREET ADDRESS	<b>3601 COLLEGE AVENUE BOX 16</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESPINOSA, MARYSOL</b>		NAME		
STREET ADDRESS	<b>831 CENTRAL AVENUE APT 16</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLAINFIELD, NJ 07060</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHEN, ZE-YONG</b>		NAME		
STREET ADDRESS	<b>108- 04 220TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUEENS VILLAGE, NY 11429</b>		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PALMER, JULIET</b>		NAME		
STREET ADDRESS	<b>34 CROSBY AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKLYN, NY 11429</b>		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AMSTERDAM, ABINA</b>		NAME		
STREET ADDRESS	<b>429 PULASKI STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKLYN, NY 11221</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Lamoy Coburn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/22/05</b> Daytime Phone #: <b>954-262-5206</b>		