2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# N05000004136

Entity Name: INTERNATIONAL LATINO IDENTITY, INC.

Current Principal Place of Business:

9521 HAMLET LN
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

9521 HAMLET LN
TAMPA, FL 33635

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABREU, RAMON
9521 HAMLET LN
TAMPA, FL 33635 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:	RAMON, ABREU	
Address:	9521 HAMLET LN	
City-St-Zip:	TAMPA, FL 33635	
Title:	VP	( ) Delete
Name:	ALMANZAR, EMMANUEL	
Address:	4311 GINGER COVE DR #D	
City-St-Zip:	TAMPA, FL 33634	
Title:	TRE	( ) Delete
Name:	BOYD, MARIA T	
Address:	8416 N EDISON AVE	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	GONELL, CARMEN V	
Address:	2803 W. SLIGH AVE #707	
City-St-Zip:	TAMPA, FL 33614	
Title:	D	( ) Delete
Name:	DEL VALLE, ROSSI	
Address:	4311 GINGER COVE DR. #D	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	VELASQUEZ, IRIS C	
Address:	8413 N. EDISIN AVE	
City-St-Zip:	TAMPA, FL 33604	

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:	D	(X) Change ( ) Addition
Name:	BOYD, GEORGE	
Address:	8416 EDISON AVE	
City-St-Zip:	TAMPA, FL 33604	
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 Chapter 119, 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: RAMON ABREU P 06/26/2006
Electronic Signature of Signing Officer or Director — Date