

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004427

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** DIRECT AID FOR LATIN AMERICA, INC.

**Current Principal Place of Business:**

5879 ST. ANNE'S WAY  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

5879 ST. ANNE'S WAY  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 20-2845114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCUZZI, DAVID J ESQ.  
6751 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33487 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: LUCHTAN, JOSEPH R  
Address: 5879 ST. ANNE'S WAY  
City-St-Zip: BOCA RATON, FL 33496 US

Title: V ( ) Delete  
Name: LUCHTAN, ALBERTO  
Address: 19253 SABAL LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: S ( ) Delete  
Name: LUCHTAN, DIANA M  
Address: 5879 ST. ANNE'S WAY  
City-St-Zip: BOCA RATON, FL 33496 US

**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 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: JOSEPH R. LUCHTAN

PRES

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date