2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006709

FILED Apr 28, 2009 Secretary of State

| Entity Nar | ne: LATINA W | OMEN'S LEAGUE CORP. | | | | | |
|---|--|--|---|---|---------------------------|--------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | | |
| | 14TH PLACE LLE, FL 32605 | | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | | |
| | I4TH PLACE LLE, FL 32605 | | | | | | |
| FEI Number: | 35-2259836 | FEI Number Applied For() | FEI Number Not Appl | icable () | Certificate of Status Des | sired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of Ne | ew Registered Agen | t: | |
| 4510 NW 1 GAINESVII The above | WILLIAMS, VIO 14TH PLACE LLE, FL 32605 named entity set of Florida. | | ourpose of changing it | s registered off | fice or registered agel | nt, or both, | |
| SIGNATUR | RE: | | | | | | |
| | Electron | ic Signature of Registered Ag | ent | | Date | | |
| OFFICERS | S AND DIRECT | rors: | ADDITION | S/CHANGES 1 | TO OFFICERS AND I | DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | , , | | Title: Name: Address: City-St-Zip: | () (| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | PAZ, MARIA D | Delete ER ROAD, APT. D2 FL 32608 | Title: Name: Address: City-St-Zip: | ()(| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | INES, RIOS | Delete PLACE APT. 5B FL 32608 | Title: Name: Address: City-St-Zip: | S (X) FULLER, LOURD 1909 SW 48TH GAINESVILLE, F | AVENUE | | |
| Title: Name: Address: City-St-Zip: | T () QUINTANA, MAF 1084 SW 11M T GAINESVILLE, F | ERRACE | Title: Name: Address: City-St-Zip: | T (X) MCKENNA, SON 4716 NW 30TH 1 GAINESVILLE, F | TERRACE | | |
| Title: Name: | PMT () FULLER, LOUR | Delete DES | Title: Name: | PMT (X) | Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

6022 NW35TH STREET

GAINESVILLE, FL 32653

SIGNATURE: VICTORIA CONDOR-WILLIAMS Ρ 04/28/2009

1909 SW 48TH AVENUE

GAINESVILLE, FL 32608

Address: City-St-Zip: