

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007630

FILED
Apr 01, 2006
Secretary of State

Entity Name: LATINOS UNIDOS DE LA COSTA ESMERALDA, INC

Current Principal Place of Business:

50 MAGNOLIA AVE.
SHALIMAR, FL 32579

New Principal Place of Business:

8603 WILBURN COVE
NAVARRE, FL 32566

Current Mailing Address:

50 MAGNOLIA AVE.
SHALIMAR, FL 32579

New Mailing Address:

8603 WILBURN COVE
NAVARRE, FL 32566

FEI Number: 20-3211298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIANA, DAVID
824 LINDA DRIVE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

TRIANA, DAVID
8603 WILBURN COVE
NAVARRE, FL 32566 US

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: DAVID TRIANA

04/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: TRIANA, DAVID
Address: 8603 WILBURN COVE
City-St-Zip: NAVARRE, FL 32566

Title: VC () Delete
Name: DIAZ, CARLOS
Address: 837 COPPER RIDGE
City-St-Zip: CANTONEMENT, FL 32533

Title: D () Delete
Name: DAVIS-DIAZ, EDITH
Address: 837 COPPER RIDGE
City-St-Zip: CANTONEMENT, FL 32533

Title: T () Delete
Name: MILORD, MARYBEL
Address: 976 CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: BILLINGS, IKA
Address: 50 MAGNOLIA AVE.
City-St-Zip: SHALIMAR, FL 32579

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:

Title: S (X) Change () Addition
Name: ZUÑIGA, IRINA
Address: 503 CHINA'S COVE UNIT B
City-St-Zip: FORT WALTON BEACH, FL 32547

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: DAVID TRIANA

C

04/01/2006

Electronic Signature of Signing Officer or Director

Date