

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90408 019 ****61.25

DOCUMENT # N05000011184

1. Entity Name
INMIGRANTES LATINOS UNIDOS DE LA FLORIDA, INC.



Principal Place of Business
**355 WEST VENICE AVENUE
VENICE, FL 34285**

Mailing Address
**355 WEST VENICE AVENUE
VENICE, FL 34285**

40076108



2. Principal Place of Business

1650 SE HARGRAVE ST.

3. Mailing Address

1650 SE HARGRAVE ST.

Suite, Apt. #, etc.

2107

Suite, Apt. #, etc.

2107

04252006 Chg-NP CR2E037 (11/05)

City & State

ARCADIA FL.

City & State

ARCADIA FL

4. FEI Number

01-0 851538

Applied For

Not Applicable

Zip

34266

Country

Desoto

Zip

34266

Country

Desoto

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELTRAN, JUAN R
85 HARVARD STREET
ENGLEWOOD, FL 34224**

7. Name and Address of New Registered Agent

Name **CATALINA COLUENA**

Street Address (P.O. Box Number is Not Acceptable)

1650 SE HARGRAVE ST.

City

ARCADIA

FL

Zip Code

34266

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

Catalina Coluena

4/25/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BELTRAN, JUAN R**
STREET ADDRESS **85 HARVARD STREET**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☒ Delete
NAME **VAZQUEZ, WENDY**
STREET ADDRESS **4241 MARALDO AVENUE**
CITY-ST-ZIP **NORTH PORT, FL 34285**

TITLE **D** ☒ Delete
NAME **GALARZA, WILLIAM**
STREET ADDRESS **355 WEST VENICE AVENUE**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **JOSE M. RODRIGUEZ**
STREET ADDRESS **1630 SE 3rd Avenue**
CITY-ST-ZIP **ARCADIA FL. 34266**

TITLE **D** ☒ Change ☐ Addition
NAME **CATALINA COLUENA**
STREET ADDRESS **1650 SE HARGRAVE ST. 2107**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **D** ☒ Change ☐ Addition
NAME **FERNANDO VELAZ**
STREET ADDRESS **1650 SE HARGRAVE ST. 2107**
CITY-ST-ZIP **ARCADIA, FL. 34266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Catalina Coluena

4/25/06 941-727-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #