

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000410

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** FEDERACION LATINOAMERICANA DE MUJERES RURALES - FLAMUR, INC.

**Current Principal Place of Business:**

4115 SW 116TH AVENUE  
MIAMI, FL 33165 US

**New Principal Place of Business:**

1140 W 50TH STREET  
SUITE 405  
HIALEAH, FL 33012 US

**Current Mailing Address:**

4115 SW 116TH AVENUE  
MIAMI, FL 33165 US

**New Mailing Address:**

**FEI Number:** 26-2138700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARACIDO, NELSON ESQ  
5825 SUNSET DRIVE  
SUITE 210  
MIAMI, FL 33143 US

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

HERNANDEZ, JADIR  
4115 SW 116TH AVENUE  
MIAMI, FL 33165 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: JADIR HERNANDEZ

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: HERNANDEZ, ARELIA MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 US

Title: P ( ) Delete  
Name: ALEXANDRA, SALAZAR MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 US

Title: ED ( ) Delete  
Name: LEYVA, MARELYS MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 US

Title: D ( ) Delete  
Name: ALONSO, CINDY MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 US

Title: D ( ) Delete  
Name: FERNANDEZ, CAROLINA MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 US

Title: D ( ) Delete  
Name: ROSA, MARIELA MS.  
Address: 4115 SW 116TH AVENUE  
City-St-Zip: MIAMI, FL 33165 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:

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 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: ALEXANDRA SALAZAR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date