

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002303

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** LATIN AMERICA FEDERATION OF RURAL WOMEN FLAMUR, INC.

**Current Principal Place of Business:**

2610 S.W. 33RD AVENUE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

18127 NW 61 PL  
MIAMI, FL 33015 US

**Current Mailing Address:**

2610 S.W. 33RD AVENUE  
MIAMI, FL 33133 US

**New Mailing Address:**

18127 NW 61 PL  
MIAMI, FL 33015 US

**FEI Number:** 30-0458687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ-MEDINA, ROLAND JR  
SANCHEZ-MEDINA, GONZALEZ & QUESADA  
2333 PONCE DE LEON BLVD, SUITE 302  
CORAL GABLES, FL 33134 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: DIR ( ) Delete  
Name: HIDALGO, MAGDELIVIA  
Address: 18127 NW 61 PLACE  
City-St-Zip: MIAMI, FL 33015 US

Title: DIR ( ) Delete  
Name: RUIZ, CAMILA  
Address: 9024 W FLAGLER ST # 5  
City-St-Zip: MIAMI, FL 33174

Title: DIR ( ) Delete  
Name: RUIZ, VICTORIA  
Address: 1425 SW 27 AVE  
City-St-Zip: MIAMI, FL 33145

**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 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: MAGDELIVIA HIDALGO

DIR

02/06/2009

Electronic Signature of Signing Officer or Director

Date