

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 035 ****61.25

DOCUMENT # N06000012484

1. Entity Name
ALIANZA DE MUJERES ACTIVAS, INC.



Principal Place of Business
**2110 US HIGHWAY 17 NORTH
SEVILLE, FL 32190-7839**

Mailing Address
**2110 US HIGHWAY 17 NORTH
SEVILLE, FL 32190-7839**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8034843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANET E. MARTINEZ, P.A.
203 EAST RICH AVENUE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOLANOS, ANA LAURA
STREET ADDRESS 2110 US HIGHWAY 17 NORTH
CITY-ST-ZIP SEVILLE, FL 321907839

TITLE SVD
NAME RODRIGUEZ, ISIDRA
STREET ADDRESS 206 RAULERSON ROAD
CITY-ST-ZIP SEVILLE, FL 32190

TITLE VD
NAME DON JUAN, MANUELA
STREET ADDRESS 123 RANCHWOOD
CITY-ST-ZIP CRESCENT CITY, FL 32112

TITLE TD
NAME RODRIGUEZ, BERNARDINA
STREET ADDRESS 800 UNION AVENUE
CITY-ST-ZIP CRESCENT CITY, FL 32112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Ana Laura Bolanos

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/121/08

Date

386-749-9084

Daytime Phone #