

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90075 001 *****8.75
02-25-2004 90075 002 *****61.25



DOCUMENT # N20167 1. Entity Name WOMEN OF SPANISH ORIGIN, INC.					
Principal Place of Business P O BOX 8208 CORAL SPRINGS, FL 33075			Mailing Address P O BOX 8208 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAZZANO, CATALINA U PHD 1745 EAGLE-TRACE BLVD. EAST CORAL SPRINGS, FL 33071			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>CATALINA U FAZZANO, PHD</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u>2-21-04</u> <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAZZANO, CATALINA U PHD		NAME		
STREET ADDRESS	1745 EAGLE TRACE BLVD. EAST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEIRA, MARIA F		NAME	Linda MALAVE-RASCHE	
STREET ADDRESS	7011 NW 111 TERRACE		STREET ADDRESS	1010 Seminole Dr, Apt 505	
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AYALA, NORA		NAME	Liliana Ruiz	
STREET ADDRESS	12190 NW 15 CT.		STREET ADDRESS	11046 NW 5 Court	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAMIREZ, ROCIO		NAME	Vicenta MATES	
STREET ADDRESS	2081 N ROCK ISLAND # 101		STREET ADDRESS	601 SE 5th Terrace	
CITY-ST-ZIP	CORAL SPRINGS, FL 33063		CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARLENE, BRANA		NAME	Lucy Ibrahimovic	
STREET ADDRESS	5609 NW 61 AVE		STREET ADDRESS	4773 N.W 58th Terrace	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VARGAS, LALY		NAME	Lillian Campbell	
STREET ADDRESS	5071 PERIGNON WAY		STREET ADDRESS	6215 N.W 107 Terrace	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	PARKLAND, FL 33076	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Catalina U Fazzano PHD / CATALINA U FAZZANO, PHD</u> <u>2-21-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					