

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20167

FILED
Apr 29, 2008
Secretary of State

Entity Name: WOMEN OF SPANISH ORIGIN, INC.

Current Principal Place of Business:

1520 NW 97 AVE.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1520 NW 97 AVE.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0066878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILA, PIZZINO A MS.
1520 NW 97 AVE.
CORAL SPRINGS, FL 33071 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: P () Delete
Name: LILA, PIZZINO MS.
Address: 1520 NW 97 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33071

Title: VP () Delete
Name: RAMIREZ, ROCIO
Address: 7707 NW25 ST
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: COBO, FLORENCIA MRS.
Address: 2570 N.W. 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: FINES, DIANA
Address: 3325 NW 101 AVE
City-St-Zip: CORAL SPRINGS, FL 33075

Title: D () Delete
Name: LOPEZ, LAURA
Address: 7605 NW 42ND CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: FERNANDA, MARIA N
Address: 7011 NW 111 TERRACE
City-St-Zip: PARKLAND, FL 33076

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
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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: FLORENCIA COBO

MRS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date