2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34438

FILED Apr 03, 2007 Secretary of State

Entity Name: LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATION, INC. (LAIRO)

Current Principal Place of Business: 4623 FOREST HILL SUITE 108-2 WEST PALM BEACH, FL 33415 Current Mailing Address: 4623 FOREST HILL SUITE 108-2 WEST PALM BEACH, FL 33415 New Mailing Address: A623 FOREST HILL SUITE 108-2 WEST PALM BEACH, FL 33415 New Mailing Address: 4623 FOREST HILL SUITE 108-2 WEST PALM BEACH, FL 33415 FEI Number Applied For () FEI Number Not Applied be() Certificate of Status Desired () Name and Address of Current Registered Agent: CLEMENCIA ORTIZ 36 BUSTON LANE BOYNTON BEACH, FL 33462 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: Electronic Signature of Registered Agent CD () Delete Name: BYTNAR, ROBERT Name: BYTNAR, ROBERT NOIF FAIRWAY LN City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: BOYNTON LANE ORTIZ, CLEMENCIA, Name: CORTIZ, CLEME							
SUITE 108-2 WEST PALM BEACH, FL 33415 Current Mailing Address: New Mailing Address: Number Not Applicable () Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: Name: BYTNAR, ROBERT Name: BYTNAR, ROBERT Name: BYTNAR, ROBERT Name: SIGF FARWY LN City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: M () Change () Addition Name: Address: ORTIZ, CLEMENCIA, Address: Title: OFT () Delete Name: RODRIGUEZ, SHASKIA Address: 763 WEST FALMMANGO COURT Address: Title: D () Delete Title: Name: RODRIGUEZ, SHASKIA Address: 763 WEST PALM BEACH, FL 33406 Title: D () Delete Title: D () Delete Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: D () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: Ci	Current Principal Place of Business:			New Principal	New Principal Place of Business:		
4623 FOREST HILL SUITE 108-2 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 FEI Number: 65-0133693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLEMENCIA ORTIZ 36 BUXTON LANE BOYNTON BEACH,, FL 33462 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:	SUITE 108-2			SUITE 108-2	SUITE 108-2		
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in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	36 BUXTO	N LANE	33462 US				
Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: CD () Delete Title: () Change () Addition Name: BYTNAR, ROBERT Address: 8015 FAIRWAY LN Address: City-St-Zip: Title: M () Delete Title: () Change () Addition Name: ORTIZ, CLEMENCIA, Name: Address: City-St-Zip: Title: M () Delete Title: () Change () Addition Name: ORTIZ, CLEMENCIA, Address: City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: RODRIGUEZ, SHASKIA Name: RODRIGUEZ, SHASKIA Name: Address: 763 WEST FLAMMANGO COURT City-St-Zip: WEST PALM BEACH, FL 33406 Title: D () Delete Title: DS (X) Change () Addition Name: LETSCH, BARBARA Address: 6211 BOYD LN Name: LETSCH, BARBARA Address: 6211 BOYD LN			ubmits this statement for the p	urpose of changing its re	gistered office or registered agent,	or both,	
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I hereby certify that the information supplied with this filing does not qualify for the 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: CLEMENCIA ORTIZ M 04/03/2007