


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001505 1. Entity Name MUJERES VALIENTES INC.					
Principal Place of Business 318 W. BRIDGERS AVE AUBURNDALE FL 33823			Mailing Address P.O. BOX 1855 AUBURNDALE FL 33823		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-3242832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZAPATA, ALICIA 255 S. SEMINOLE LAKE ALFRED FL 33850				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGIVNEY, SISTER PEARL		NAME		
STREET ADDRESS	255 SO SEMINOLE		STREET ADDRESS		
CITY- ST- ZIP	LAKE ALFRED FL 33850		CITY- ST- ZIP		
TITLE	TRD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, MARIA		NAME		
STREET ADDRESS	822-26TH ST NW		STREET ADDRESS		
CITY- ST- ZIP	WINTER HAVEN FL 33880		CITY- ST- ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, CARMEN		NAME		
STREET ADDRESS	221 ADAMS ST		STREET ADDRESS		
CITY- ST- ZIP	AUBURNDALE FL 33823		CITY- ST- ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAPATA, ALICIA		NAME		
STREET ADDRESS	255 S SEMINOLE		STREET ADDRESS		
CITY- ST- ZIP	LAKE ALFRED FL 33850		CITY- ST- ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, ESTELA		NAME		
STREET ADDRESS	211 MCKEAN ST		STREET ADDRESS		
CITY- ST- ZIP	AUBURNDALE FL 33823		CITY- ST- ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Pearl Mc Givney* **PEARL MCGIVNEY** **3-3-05** **863 965 8852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4