

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006695

FILED
Apr 26, 2005
Secretary of State

Entity Name: LATIN AMERICANS UNITED, INC.

Current Principal Place of Business:

3101 NW 47TH TERRACE
129-4
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 654
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 95-2954947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELVA, FRANTZ MD
3101 NW 47TH TERRACE
129-4
LAUDERDALE LAKE, FL 33319 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: D () Delete
Name: ARMAND MD, LUCIEN DR
Address: 2071 SW 52ND WAY
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: DELVA, MARLENE
Address: 2360 NW 63RD TERRACE
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: SMITH, FRANTZ CHE
Address: 8201 NW 20TH COURT
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: CASIMIR, MARIE ROSE
Address: 9691 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: ARMAND, PH.D, MARGARET
Address: 2871 SW 52ND WAY
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: DELVA, FRANTZ
Address: 3101 NW 44TH TERRACE #129-4
City-St-Zip: LAUDERDALE LAKE, FL 33319

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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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 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 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: FRANTZ DELVA,MD

DR.

04/26/2005

Electronic Signature of Signing Officer or Director

Date