

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000870</b>	
1. Entity Name <b>ASOCIACION DE MUJERES HISPANAS CONTRA LA DISCRIMINACION Y LA VIOLENCIA DE GENERO CORPORATION</b>	
Principal Place of Business <b>3841 NE 2ND AVE STE 203-A MIAMI, FL 33137</b>	Mailing Address <b>3841 NE 2ND AVE STE 203-A MIAMI, FL 33137</b>



03172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0820695</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PRATS, GABRIEL 21011 NE 38TH AVE MIAMI, FL 33180</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LUSINCHI, BLANCA IBANEZ 3841 NE 2ND AVE. STE 203-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GARCIA, LORENA 3841 NE 2ND AVE. STE 203-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBRANO, GLORIA 3841 NE 2ND SVE. STE 203-A MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000714433  
04/27/07-80022-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Blanca Lusinchi **4/16/07** **786.4392601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #