

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006708

1. Entity Name
LA RAZA UNIDA CENTER, INC.



Principal Place of Business
2002 MLK BLVD.
POMPANO BEACH, FL 33069

Mailing Address
C/O RENTERIA
P.O. BOX 667665
POMPANO BEACH, FL 33066-7665 US



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0877612

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

ARTEAGA, EVA R
2002 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS RENTERIA, JOSE G
CITY-ST-ZIP 2002 HAMMONDVILLE RD.
POMPANO BEACH, FL 33069

TITLE
NAME D
STREET ADDRESS ARTEAGA, EVA R
CITY-ST-ZIP 2002 MLK BLVD. #F
POMPANO BEACH, FL 33069

TITLE
NAME T
STREET ADDRESS RENTERIA, ISRAEL
CITY-ST-ZIP 2002 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/18/06-80058-011 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 11, 2006 (9A) 979-2130

Date

Daytime Phone #