

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001806

1. Entity Name
LATINA AND LATINO CRITICAL LEGAL THEORY, INC.



Principal Place of Business
C/O U MIAMI SCHOOL OF LAW
G369
CORAL GABLES, FL 33146

Mailing Address
C/O PROF. FRANCISCO VALDES
1311 MILLER DRIVE, SUITE G369
CORAL GABLES, FL 33146



03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, FRANCISCO PROF.
UNIVERSITY OF MIAMI LAW SCHOOL
1311 MILLER DRIVE, SUITE #G369
CORAL GABLES, FL 33146

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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, 2005**

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
DCOC
HARRIS, ANGELA P
689 SIMON BOALT HALL, UC AT BERKELEY
BERKELEY, CA 94720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COC
HERNANDEZ-TRUYOL, BERTA
SW 2ND ST AT 2 W 29TH ST UOF
GAINESVILLE, FL 32611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BENDER, STEVEN
1515 AGATE STREET
EUGENE, OR 97403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CORRADA, ROBERTO L
2255 E. EVANS AVE.
DENVER, CO 80208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COC
ROMERO, MARY
ARIZ ST UNIV PO BOX 870403
TEMPE, AZ 85287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000261252
03/14/05-80003-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Roberto L. Corrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05

Date

303-871-6273

Daytime Phone #