

112

REINSTATEMENT 06-07
FOR PROFIT CORPORATION
ANNUAL REPORT
2006

FILED

2007 SEP 20 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000016223**
1. Entity Name
LATIN WOMAN, INC.



Principal Place of Business Mailing Address

2. Principal Place of Business
10160 N.W. 21st Ct.
Suite, Apt. #, etc.

3. Mailing Address
10160 N.W. 21st Ct.
Suite, Apt. #, etc.



01172006 Chg-P CR2E034 (11/05)

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33026

Country

Zip
33026

Country

4. FEI Number
20-2266183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
DENISE LITARDO
Street Address (P.O. Box Number is Not Acceptable)
10160 N.W. 21st Ct.
City
PEMBROKE PINES FL Zip Code
33026

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 **9/13/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

P/S
LITARDO, DENISE
10160 N.W. 21st Ct.
PEMBROKE PINES, FL 33026

100109770971
09/21/07-01052-009 **300.00

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 607, 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: **DENISE LITARDO** DATE **9/13/07** DAYTIME PHONE # **443-0414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25