

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107523

Entity Name: MUJERES PODEROSAS CORP

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

2110 WEST FLAGLER STREET  
15  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

2110 WEST FLAGLER STREET  
15  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 26-1178220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALEANO, ALICIA L  
2110 WEST FLAGLER STREET  
15  
MIAMI, FL 33135 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GALEANO, ALICIA L  
Address: 2110 WEST FLAGLER STREET APTO # 15  
City-St-Zip: MIAMI, FL 33135 US

Title: DV (X) Delete  
Name: KNIGHT, ARACELY  
Address: 540 SW 10 STREET APTO # 2  
City-St-Zip: MIAMI, FL 33130

Title: DS (X) Delete  
Name: CRUZ, BRENDA E  
Address: 1090 SE 8 AVE  
City-St-Zip: HIALEAH, FL 33010

Title: DT (X) Delete  
Name: GUEVARA, MARIVI  
Address: 1126 SW 12 AVE APTO B  
City-St-Zip: MIAMI, FL 33130

Title: D (X) Delete  
Name: SIERRA, ORFELINDA  
Address: 404 SW 6 STREET APTO # 19  
City-St-Zip: MIAMI, FL 33130

## 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  
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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA GALEANO

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date