

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29507

FILED
Jan 09, 2004
Secretary of State**Entity Name:** LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC.**Current Principal Place of Business:**7100 S.W. 99TH AVENUE
SUITE #104
MIAMI, FL 33173 US**New Principal Place of Business:****Current Mailing Address:**2000 L STREET, N.W.
SUITE 610
WASHINGTON, DC 20036 US**New Mailing Address:****FEI Number:** 23-7262876**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIAZ, DULCE
7100 S.W. 99TH AVENUE
SUITE # 104
MIAMI, FL 33173 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

OFFICERS AND DIRECTORS:**Title:** DC () Delete
Name: FLORES, HECTOR M
Address: 1030 TRACY
City-St-Zip: DUNCANVILLE, TX 75137**Title:** VD () Delete
Name: GARZA, JOHN A
Address: 2700 N CENTRAL AVE, STE 7000
City-St-Zip: PHOENIX, AZ 85004**Title:** SD () Delete
Name: FIMBRES, MARY
Address: 1617 EAST MILES
City-St-Zip: TUCSON, AZ 85719**Title:** TD () Delete
Name: DOVALINA, ENRIQUE
Address: 2900 WOODRIDGE, SUITE #210
City-St-Zip: HOUSTON, TX 77087**Title:** DD () Delete
Name: PALOMARES, ROMAN
Address: 8904 HUNTER GLEN TRAIL
City-St-Zip: FT WORTH, TX 76120**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:
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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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FIMBRES

SD

01/09/2004

Electronic Signature of Signing Officer or Director

Date