

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072508

Entity Name: WOMEN IN LABOR, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

2274 W 80TH STREET, UNIT #6  
HIALEAH, FL 33016

## New Principal Place of Business:

1108 N.W. 180 AVE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

2274 W 80TH STREET, UNIT #6  
HIALEAH, FL 33016

## New Mailing Address:

1108 N.W. 180 AVENUE  
PEMBROKE PINES, FL 33029

FEI Number: 65-0536023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIAS, MARIAZELL H  
1108 NW 180TH AVENUE  
PEMBROKE PINES, FL 33029 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: ARIAS, MARIAZELL H  
Address: 1108 NW 180TH AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: VP ( ) Delete  
Name: EVELYN M. LAURENCIO,  
Address: 14640 MAHOGANY CT.  
City-St-Zip: MIAMI LAKES, FL

Title: T ( ) Delete  
Name: MARQUEZ, MICHELLE C  
Address: 1108 NW 180TH AVE  
City-St-Zip: PEMBROKE PINES, FL 330293170

Title: DS ( ) Delete  
Name: ARIAS, ARMANDO  
Address: 1108 N.W. 180TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 330293170

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIAZELL H. ARIAS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date