

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000056948

1. Entity Name
DIARIO DE LA MUJER, INC.



Principal Place of Business
2726 WEST 60TH STREET
HIALEAH, FL 33016

Mailing Address
PO BOX 14-5393
CORAL GABLES, FL 33114

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90509 001 ***365.00

66014676



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0768919	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
GONZALEZ, CARMEN
2726 WEST 60TH STREET
HIALEAH, FL 33016

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, CARMEN 2726 WEST 60TH STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Carmen Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 786-818-6964