


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

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**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90089 014 \*\*\*150.00

**DOCUMENT # N02000005218**  
 1. Entity Name  
**WORKER'S UNION FOR CUBAN CHILDREN, INC.**



Principal Place of Business Mailing Address  
**7103 SW 112TH PLACE 15335 SW 57 ST**  
**MIAMI FL 33173 MIAMI FL 33173 33193**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



MOORE GB2E037 (11/03)

4. FEI Number **55-0805614** Applied For  
**APPLIED FOR** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SANTROCK, HILDA**  
**7103 SW 112TH PLACE**  
**MIAMI FL 33173**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP SANTROCK, HILDA	<input type="checkbox"/> Delete
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	DV OSORIA, ANDRES	<input type="checkbox"/> Delete
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL <del>33173</del> 33193	
TITLE NAME	DS GARCIA, ANA	<input type="checkbox"/> Delete
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Osoria, Andres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15335 SW 57 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andres Osoria 1-29-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #