

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005218

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: WORKER'S UNION FOR CUBAN CHILDREN, INC.

**Current Principal Place of Business:**

7103 SW 112TH PLACE  
MIAMI, FL 33173

**New Principal Place of Business:**

15335 SW 57 ST  
MIAMI, FL 33193

**Current Mailing Address:**

15335 SW 57 ST  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 55-0805614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTROCK, HILDA  
7103 SW 112TH PLACE  
MIAMI, FL 33173      US

**Name and Address of New Registered Agent:**

SANTROCK, HILDA  
15335 SW 57 ST  
MIAMI, FL 33193      US

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: HILDA SANTROCK

01/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SANTROCK, HILDA  
Address: 7103 SW 112TH PLACE  
City-St-Zip: MIAMI, FL 33173

Title: DV      ( ) Delete  
Name: OSORIA, ANDRES  
Address: 15335 SW 57 ST.  
City-St-Zip: MIAMI, FL 33193

Title: DS      (X) Delete  
Name: GARCIA, ANA  
Address: 7103 SW 112TH PLACE  
City-St-Zip: MIAMI, FL 33173

Title: DV      ( ) Delete  
Name: LUIS MEURICE,  
Address: 2180 BRICKELL AVE. #12  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: SANTROCK, HILDA  
Address: 15335 SW 57 ST  
City-St-Zip: MIAMI, FL 33193

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: LUIS MEURICE,  
Address: 2180 BRICKELL AVE. #12  
City-St-Zip: MIAMI, FL 33129

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

SIGNATURE: ANDRES OSORIA

DV

01/09/2007

Electronic Signature of Signing Officer or Director

Date