## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009029

FILED Apr 30, 2009 Secretary of State

Entity Name: NATIONAL HISPANIC SOCIETY USPS SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
10040 SV MIAMI, FL	/ 15TH TER . 33174			
Current Mailing Address:		New Mailing Address:		
10040 SV MIAMI, FL	/ 15TH TER. . 33174			
El Number	r: 57-1162543	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	DAVID E ESQ. 3RD AVENUE . 33129 US			
	e named entity su e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	ubmits this statement for the positions of Registered Ag		ed office or registered agent, or both,  Date
n the Stat SIGNATU	e of Florida. RE:	s Signature of Registered Ag	ent	
n the Stat  BIGNATU  DFFICER  Title: Name: Address:	e of Florida.  RE: Electronic  S AND DIRECTO	c Signature of Registered Agones: Delete AN J ER.	ent	Date
n the Stat  SIGNATU  DFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida.  RE: Electronic  S AND DIRECTO  P () D  CORDOVI, ADRIA 10040 S.W. 15 TI MIAMI, FL 33174	C Signature of Registered Agones:  Delete AN J ER. 4  Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	Electronic  RE: Electronic  S AND DIRECTO  CORDOVI, ADRIA 10040 S.W. 15 TI MIAMI, FL 33174  VP () E RAMOS, SUSY 7500 NW 25 STR MIAMI, FL 33122	© Signature of Registered Ag  ORS: Delete AN J ER. 4 Delete REET 2 Delete TA A REET	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: ADRIAN J. CORDOVI PRES 04/30/2009