

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001006

**FILED
Jul 17, 2004
Secretary of State**

Entity Name: THE HISPANIC IMMIGRATION ASSOCIATION, INC.

Current Principal Place of Business:

13141 NW 11TH TERRACE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

13141 NW 11TH TERRACE
MIAMI, FL 33182

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLADO, MIGUEL
13141 NW 11TH TERRACE
MIAMI, FL 33182

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLADO, MIGUEL
Address: 13141 NW 11TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: CARRILLO, ANTOINETTE
Address: 13141 NW 11TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: LUIS, LOURDES
Address: 13141 NW 11TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: HERRERA, HOMERO
Address: 13141 NW 11TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: COLLADO, DENISE
Address: 13141 NW 11TH TERRACE
City-St-Zip: MIAMI, FL 33182

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:

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 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 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: ANTOINETTE CARRILLO

VP

07/17/2004

Electronic Signature of Signing Officer or Director

_____ Date