

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 036 ****61.25

DOCUMENT # N03000005766

1. Entity Name
 HISPANIC BUSINESS INITIATIVE FUND OF SOUTH FLORIDA, INC.



Principal Place of Business
 1640 LEE ROAD
 WINTER PARK, FL 32789

Mailing Address
 1640 LEE ROAD
 WINTER PARK, FL 32789

50054007



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1068686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCA, TONY
 315 E. ROBINSON ST.
 SUITE 190
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCA, TONY 400 S. ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, VANESSA 705 W. AZEELE STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LINDA 5600 LAKE ELLENOR DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, HECTOR L 1640 LEE ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, DORFIRIA 412 S HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, CONRAD 800 N MAGNOLIA AVE ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 407-740-5077