

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009226

FILED
Aug 28, 2009
Secretary of State

Entity Name: MISS HISPANA INTERNACIONAL, CORP.

Current Principal Place of Business:

20 S. ROSE AVE STE 2
KISSIMMEE, FL 34741 FL

New Principal Place of Business:

Current Mailing Address:

20 S. ROSE AVE STE 2
KISSIMMEE, FL 34741 FL

New Mailing Address:

FEI Number: 26-3518650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATTORNEY DAVID M. CHICO, P.A.
20 S. ROSE AVE.
2
KISSIMMEE, FL 34741 US

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: P () Delete
Name: GONZALEZ, CECILIA
Address: 5962 SWOFFIELD DR.
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CHICO, DAVID M
Address: 2609 JETTY DR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: MORALES, VICTOR
Address: 1012 PLAZA DR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: LA ROSA, JOE
Address: 1420 CELEBRATION BLVD STE 100
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: BUONCERVELLO, SONNY
Address: 741 FRONT ST., STE 130
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, CECILIA
Address: 20 S. ROSE AVEN SUITE 2
City-St-Zip: KISSIMMEE, FL 34812

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 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: CECILIA GONZALEZ

P

08/28/2009

Electronic Signature of Signing Officer or Director

_____ Date