


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 046 \*\*\*\*61.25

**DOCUMENT # N33019**

1. Entity Name  
**BROWARD COUNTY HISPANIC BAR ASSOCIATION, INC.**



Principal Place of Business  
**ONE EAST BROWARD BLVD.  
 SUITE 700  
 FT. LAUDERDALE, FL 33301 US**

Mailing Address  
**ONE EAST BROWARD BLVD.  
 SUITE 700  
 FT. LAUDERDALE, FL 33301 US**

**50001755**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**PO BOX 350248**

Suite, Apt. #, etc.

06292007 Chg-NP CR2E037 (12/06)

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33335**

Country  
**USA**

4. FEI Number  
**65-0264190**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MONTERO, HYRAM M  
 ONE EAST BROWARD BLVD.  
 SUITE 700  
 FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent  
 Name **JOSE IZQUIERDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ONE EAST BROWARD BLVD.  
 Suite 700**  
 City **FT. Lauderdale FL** Zip Code **33301**

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 September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTERO, HYRAM M ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE IZQUIERDO ONE EAST BROWARD BLVD., Suite 700 FT. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE IZQUIERDO, JOSE A 1132 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE JUAN CARLOS ARIAS 11905 NW 2nd St. PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBER, CARL 1901 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CUETOS, CARMEN 101 N. PINE ISLAND R, SUITE 201 PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS GALICIA, ESTHER E 2866 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DAYTIME PHONE #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR