
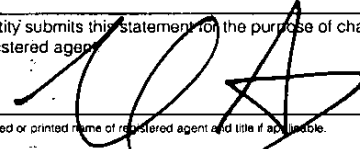
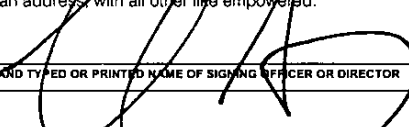


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 003 ****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 P.O. BOX 350248 FORT LAUDERDALE, FL 33335 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0264190	
				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			7. Name and Address of New Registered Agent		
IZQUIERDO, JOSE ONE EAST BROWARD BLVD. SUITE 700 FT. LAUDERDALE, FL 33301			Name JUAN CARLOS ARIAS Street Address (P.O. Box Number is Not Acceptable) The Florida Bar, Cypress Financial Center 5900 N. Andrews Ave., Ste 900 Ft. Lauderdale FL 33309		
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 		JUAN P. ARIAS, Resident		DATE 7/15/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 IZQUIERDO, JOSE ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN CARLOS ARIAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5900 N. Andrews Ave., Ste 900 Ft. Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ARIAS, JUAN CARLOS 11705 NW 2ND ST PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARLOS VELASQUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N. Pine Island Rd., Ste 201 Ft. Lauderdale, FL 33324		
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			
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			
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	RS LORENA MASTRARRIGO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7951 SW 6th St. Plantation, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 lists empowered.					
SIGNATURE: 		JUAN P. ARIAS, 7/15/08 (954) 326-3076			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			