2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N43108

Entity Name: HISPANIC HERITAGE CELEBRATION, INC.

Current Principal Place of Business:

P.O. BOX 2393
IMMOKALEE, FL 34143

New Principal Place of Business:

2105 W. IMMOKALEE DR.
IMMOKALEE, FL 34143

Current Mailing Address:

P.O. BOX 2393
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 65-0278507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUPITA, NAVA
2105 W. IMMOKOLAE DRIVE
IMMOKALEE, FL 34142 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: PD ( ) Delete
Name: NORMAN, JOHN L.
Address: 3520 19TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: VP ( ) Delete
Name: NAVA, LUPITA
Address: 2105 W. IMM DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: SD ( ) Delete
Name: CAMPOS, ADA
Address: 614 S, 5TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: TD ( ) Delete
Name: DIMAS, OFELIA
Address: 614 S. 5TH STREET
City-St-Zip: IMMOKALEE, FL 34142

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: OFELIA DIMAS TD 04/13/2007

Electronic Signature of Signing Officer or Director — Date