2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007
Secretary of State

DOCUMENT# N44975

Entity Name: HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

300 E. ROBINSON STREET
STE. 600
ORLANDO, FL 32801

New Principal Place of Business:

300 E. ROBINSON STREET
600
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 3000
STE. 600
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3086401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DIAZ, ARISTIDES J
425 WEST COLONIAL DRIVE
206
ORLANDO, FL 32804 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: POWERS, ROBERT
Address: 2601 TECHNOLOGY DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete
Name: FIGUEROA, LUIS
Address: 540 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete
Name: HOLBROOK, ANA
Address: P.O. BOX 2807
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ-KELLY, PENELOPE B
Address: 215 EAST LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32801

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: PENELOPE B. PEREZ-KELLY P 08/23/2007

Electronic Signature of Signing Officer or Director — Date