2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# N94000003654

Entity Name: SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1205 LINCOLN ROAD
STE 213
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

301 ARTHUR GODFREY ROAD
STE 304
MIAMI BEACH, FL 33140 US

Current Mailing Address:

1205 LINCOLN ROAD
SUITE 211
MIAMI BEACH, FL 33139 US

New Mailing Address:

301 ARTHUR GODFREY ROAD
SUITE 304
MIAMI BEACH, FL 33140 US

FEI Number: 65-0511241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, LILIAM M
2457 COLLINS AVE
#701
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

LOPEZ, LILIAM M
4200 ALTON ROAD
MIAMI BEACH, FL 33140 US

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: LILIAM M. LOPEZ 02/18/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABRAMOVICH, ABRAHAM
Address: 1698 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: LAZARO, MARTINEZ
Address: 1111 LINCOLN RD STE 810
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete
Name: ROTBART, MICHAEL
Address: 2401 COLLINS AVENUE., #C3
City-St-Zip: MIAMI BEACH, FL 33140

Title: C ( ) Delete
Name: ROMERO, ORLANDO
Address: 2 ALHAMBRA PLAZA 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: GONZALEZ-JACOBO, RAFAEL
Address: 780 NW 42 AVE
City-St-Zip: MIAMI, FL

Title: P ( ) Delete
Name: LOPEZ, LILIAM M
Address: 2457 COLLINS AVE., #701
City-St-Zip: MIAMI BEACH, FL

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:

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 Section 119.07(3)(i), 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: LILIAM M. LOPEZ P 02/18/2004
Electronic Signature of Signing Officer or Director Date