


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004288

1. Entity Name
HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**80 SW 8 STREET
 1900
 MIAMI FL 33130
 US**


**80 SW 8 STREET
 1900
 MIAMI FL 33130
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

65-0532141 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROJAS, ROBERTO
 80 SW 8 STREET
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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	
TITLE	<input type="checkbox"/> Delete
NAME	ROJAS, ROBERTO
STREET ADDRESS	80 SW 8 STREET #1900
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	CHAPELIN, JERRY
STREET ADDRESS	80 SW 8 STREET #1900
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	RAMOS, SERGIO
STREET ADDRESS	80 SW 8 STREET #1900
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	NEMETH, GABE
STREET ADDRESS	80 SW 8 STREET #1900
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	BALLESTER, ED
STREET ADDRESS	80 SW 8 STREET #1900
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	LYONS, WILLIAM
STREET ADDRESS	80 SW 8 STREET
CITY-ST-ZIP	MIAMI FL 33130

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100000274196
CITY-ST-ZIP	03/24/05-80001-021 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERTO ROJAS** 3/24/05 705 856-6808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #