


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004288			
1. Entity Name HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.			
Principal Place of Business 80 SW 8 STREET 1900 MIAMI FL 33130 US		Mailing Address 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
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		DATE	



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0532141** Applied For Not Applicable


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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ROJAS, ROBERTO			NAME			
STREET ADDRESS	80 SW 8 STREET #1900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CHAPELIN, JERRY			NAME			
STREET ADDRESS	80 SW 8 STREET #1900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	RAMOS, SERGIO			NAME			
STREET ADDRESS	80 SW 8 STREET #1900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NEMETH, GABE			NAME			
STREET ADDRESS	80 SW 8 STREET #1900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BALLESTER, ED			NAME			
STREET ADDRESS	80 SW 8 STREET #1900			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LYONS, WILLIAM			NAME			
STREET ADDRESS	80 SW 8 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:  **ROBERTO ROJAS** 1/26/05 (305) 373-6868