


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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
---	---



03292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0532141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ROBERTO  
 80 SW 8 STREET  
 MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, ROBERTO 80 SW 8 STREET #1900 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPELIN, JERRY 80 SW 8 STREET #1900 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, SERGIO 80 SW 8 STREET #1900 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMETH, GABE 80 SW 8 STREET #1900 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTER, ED 80 SW 8 STREET #1900 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, WILLIAM 80 SW 8 STREET MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**

000000687444  
 04/10/07-80040-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Director 3/29/07 305 373-6868

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