

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2008
Secretary of State**

DOCUMENT# N94000004288

Entity Name: HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

80 SW 8 STREET
1900
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

80 SW 8 STREET
1900
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 65-0532141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, ROBERTO
80 SW 8 STREET
MIAMI, FL 33130 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: D () Delete
Name: ROJAS, ROBERTO
Address: 80 SW 8 STREET #1900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: CHAPELIN, JERRY
Address: 80 SW 8 STREET #1900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: RAMOS, SERGIO
Address: 80 SW 8 STREET #1900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: NEMETH, GABE
Address: 80 SW 8 STREET #1900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: BALLESTER, ED
Address: 80 SW 8 STREET #1900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: LYONS, WILLIAM
Address: 80 SW 8 STREET
City-St-Zip: MIAMI, FL 33130

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 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: ROBERTO ROJAS

DIR

04/07/2008

Electronic Signature of Signing Officer or Director

Date