


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006445
1. Entity Name
**SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE
FOUNDATION, INC.**



Principal Place of Business Mailing Address
**301 ARTHUR GODFREY RD
3RD FLOOR
MIAMI BEACH, FL 33140 US** **2457 COLLINS AVE #701
MIAMI BEACH, FL 33140**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0723658 Not Applicable

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

6. Name and Address of Current Registered Agent
**LOPEZ, LILIAM M
2457 COLLINS AVENUE #701
MIAMI BEACH, FL 33140**

**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, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, LILIAM M
STREET ADDRESS	2457 COLLINS AVE 701
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	C
NAME	MARTINEZ, LAZARO
STREET ADDRESS	1680 MICHIGAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	FLORES, ANA M MONTE
STREET ADDRESS	901 PONCE DE LEON BLVD #900
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	BUSTAMANTE, RODOLFO
STREET ADDRESS	3500 NW 51 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	GONZALEZ, NERY
STREET ADDRESS	220 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	VELAZQUEZ, JESUS
STREET ADDRESS	1680 MICHIGAN AVE
CITY-ST-ZIP	MIAMI, FL 33139

U00000003023
01/13/04-80038-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Liliam M Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #