2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# N00000004312

Entity Name: HISPANIC WOMEN CHAMBER OF COMMERCE INC.

Current Principal Place of Business:

6435 CORAL WAY
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6435 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1047543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRYDIO, NORMA
6435 CORAL WAY
MIAMI, FL 33155 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: PT ( ) Delete
Name: STRYDIO, NORMA
Address: 6435 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: VS ( ) Delete
Name: GOMEZ, CARIDAD
Address: 6241 NW 197 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: SANCHEZ, FELIX G
Address: 11701 SW 68 CT
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete
Name: SANCHEZ, NOELI
Address: 11701 SW 68 CT
City-St-Zip: PINECREST, FL 33156

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: PEREZ, CYNTHIA B
Address: 6435 CORAL WAY
City-St-Zip: MIAMI, FL 33155

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: NORMA STRYDIO P 05/29/2009

Electronic Signature of Signing Officer or Director — Date