

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005186

**FILED**  
**Feb 10, 2021**  
**Secretary of State**  
**9014492795CC**

**Entity Name:** PUERTO RICAN/HISPANIC CHAMBER OF COMMERCE OF POLK COUNTY, INC.

**Current Principal Place of Business:**

2455 US HWY 17 S  
# 4  
BARTOW, FL 33830

**Current Mailing Address:**

PO BOX 2135  
BARTOW, FL 33830 US

**FEI Number: 26-0470252**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RIVERA, ANA I  
2455 US HWY 17 S  
#4  
BARTOW, FL 33830 US

*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

**Officer/Director Detail :**

Title CEO/PRESIDENT  
Name RIVERA, COUNCIL PRESIDENT : ANA  
Address 2455 US HWY 17 S  
#4  
City-State-Zip: BARTOW FL 33830

Title SECRETARY  
Name RAMOS, DAVID  
Address 2455 US HWY 17 S LOT 4  
City-State-Zip: BARTOW FL 33830

Title VP  
Name CRUZ, PAUL R  
Address PO BOX 2135  
City-State-Zip: BARTOW FL 33830

Title TREASURER  
Name RAMOS, DAVID  
Address 2455 US HWY 17 S  
# 4  
City-State-Zip: BARTOW FL 33830

Title ADMINISTRATIVE ASSISTANT  
Name RODRIGUEZ, ALBERTO J  
Address 3625 NEW JERSEY RD  
APT. 101  
City-State-Zip: LAKELAND FL 33803

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID RAMOS**

**CEO/PRESIDENT**

**02/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date