

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002611

**Entity Name:** COALITION OF HISPANIC ARTISTS INC.**Current Principal Place of Business:**10619 FAIRFIELD VILLAGE  
TAMPA, FL 33624**Current Mailing Address:**P.O BOX 152324  
TAMPA, FL 33684**FEI Number:** 26-2513784**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOMEZ, PATRICIA ESQ  
5007 LANDSMAND AVE.  
TAMPA, FL 33625 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	PRES
Name	NEGRON, AGUSTIN
Address	10619 FAIRFIELD VILLAGE
City-State-Zip:	TAMPA FL 33624

Title	V.P
Name	POSADA, DIANA
Address	5722 CARROLWOOD MEADOWS DR.
City-State-Zip:	TAMPA FL 33625

Title	V.P.
Name	SOTO FRASSICA, DAMARIS
Address	3002 W. PRICE AVE.
City-State-Zip:	TAMPA FL 33611

Title	TREA
Name	PENNINGTON, LUZ A
Address	7912 HEATHER CT.
City-State-Zip:	TAMPA FL 33634

Title	SEC.
Name	MATIAS M, AGDALENA
Address	10619 FAIRFIELD VILLAGE
City-State-Zip:	TAMPA FL 33624

Title	D
Name	SOTO, CARLOS A SR.
Address	312 E. BOUGAINVILLEA. AVE.
City-State-Zip:	TAMPA FL 34612

*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:** AGUSTIN NEGRON**PRESIDENTE****03/05/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date