

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004288

**Entity Name:** HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC4580919592**

**Current Principal Place of Business:**

15600 PINES BLVD.  
206  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15600 PINES BLVD.  
206  
PEMBROKE PINES, FL 33027 US

**FEI Number: 65-0532141**

**Certificate of Status Desired: No**

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

ROJAS, ROBERTO  
15600 PINES BLVD  
SUITE 206  
PEMBROKE PINES, FL 33027 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 D  
Name ROJAS, ROBERTO  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name CHAPELIN, JERRY  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name RAMOS, SERGIO  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name NEMETH, GABE  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name BALLESTER, ED  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name LYONS, WILLIAM  
Address 15600 PINES BLVD., SUITE 206  
City-State-Zip: PEMBROKE PINES FL 33027

*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: ROBERTO ROJAS**

**DIRECTOR**

**04/30/2014**

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

\_\_\_\_\_  
Date