

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713397

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: HACIENDAS DE YBOR, INC.

**Current Principal Place of Business:**

1615 HACIENDAS COURT  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1615 HACIENDAS COURT  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 23-7034003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEAR, J.R.  
POST OFFICE BOX 794  
ELLENTON, FL 34222 US

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

WEAR, J.R.  
2909 W. BAY TO BAY BOULEVARD  
SUITE 202  
TAMPA, FL 33629 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: J R WEAR

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERNANDEZ DR, HENRY, J  
Address: 1510 E PALM AVENUE  
City-St-Zip: TAMPA, FL 00000,

Title: VD ( ) Delete  
Name: MARTINEZ, DANIEL,  
Address: 1906 ST ISABEL  
City-St-Zip: TAMPA, FL

Title: STD ( ) Delete  
Name: GRANDA, JOE C.  
Address: 21816 SAMARA DR  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: FERRARO, TOM F  
Address: 706 W M.L. KING BLVD  
City-St-Zip: TAMPA, FL 33603

**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:

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: TOM FERRARO

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date