

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2009
Secretary of State

DOCUMENT# 713397

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 ()****Name and Address of Current Registered Agent:**WEAR, J.R.
2909 W. BAY TO BAY BOULEVARD
SUITE 202
TAMPA, FL 33629 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: 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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANDA, JOE
Address: 3420 HEARDS FERRY DRIVE
City-St-Zip: TAMPA,, FL 33618

Title: VD (X) Change () Addition
Name: MARTINEZ, DANIEL
Address: 1906 ST ISABEL
City-St-Zip: TAMPA, FL 33607

Title: SD (X) Change () Addition
Name: RODRIGUEZ, LENO
Address: 3301 BAYSHORE BOULEVARD #1505
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DUMOUCHEL, JASON
Address: 2015 S. SALCEDO STREET
City-St-Zip: NEW ORLEANS, LA 70125

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: JOE GRANDA

PD

08/27/2009

Electronic Signature of Signing Officer or Director

Date