2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
08-15-2005 90077 024 ****61.25

DOCUMENT # 734111

1. Entity Name
TAMPA BAY HISPANIC CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
4023 N ARMENIA AVE 101 TAMPA, FL 33607	4023 N ARMENIA AVE 101 TAMPA, FL 33607

00061427

08042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1717804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROIG, RICARDO A ESQ. 4023 N ARMENIA AVE 400 TAMPA, FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROIG, RICARDO A 4023 N ARMENIA AVE, STE 400 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD VEGA, JUAN JR. 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VEGA, JUAN JR. 405 N. RIO STREET SUITE 160 TAMPA, FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROJAS-QUINONES, JACKIE 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED ROJAS-QUINONES, JACKIE 4023 N ARMENIA AVE, STE 101 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED PEREDO, MARK 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALVAREZ, LEO 4023 N ARMENIA AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALVAREZ, LEO 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEIJLEN, MARIA 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEMPRIT, ZORAIDA 4023 N. ARMENIA AVE, STE 101 TAMPA, FL 33607	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie Rojas-Quinones PRESIDENT JACKIE ROJAS-QUINONES 8/8/05 (813)414-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #