

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738513

FILED
Apr 28, 2009
Secretary of State

Entity Name: HISPANIC HUMAN RESOURCES COUNCIL, INC.

Current Principal Place of Business:

1427 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1427 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-1747012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVELLANA, JORGE
1427 SO CONGRESS AVE
W PALM BCH, FL 33406 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: CHR () Delete
Name: PEREZ, SILVIO
Address: 3504 WESTMINSTER DR
City-St-Zip: GREENACRES, FL 33463

Title: MEM () Delete
Name: VAZQUEZ, CLARE
Address: PO BOX 17035
City-St-Zip: WEST PALM BEACH, FL 33416

Title: VCH () Delete
Name: GARCIA, GISELA
Address: 756 FORSYTHE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: SEC () Delete
Name: OMELIO, SOSA
Address: 750 S. MILITARY TR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TRS () Delete
Name: HANSEN, VIRGINIA
Address: 6781 PIONEER RD
City-St-Zip: LAKE CLARKE SHORES, FL 33413

Title: MEM () Delete
Name: BACAS, ANA
Address: CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

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
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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: JORGE AVELLANA

ED

04/28/2009

Electronic Signature of Signing Officer or Director

Date