

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745891

FILED
Apr 28, 2006
Secretary of State

Entity Name: CAMARA DE COMERCIO LATINA DE HIALEAH, INC.

Current Principal Place of Business:

1840 W 49 ST
STE 700
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1840 W 49 ST
STE 700
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2140991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CASTILLO, EMMA
1840 W 49 ST
#700
HIALEAH, FL 33012 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: HERNANDZ, DANIEL
Address: 5855 W 3RD LANE
City-St-Zip: HIALEAH, FL

Title: VDD () Delete
Name: ECHEVARRIA, HERMAN,
Address: 5055 COLLINS AVE. #3E
City-St-Zip: MIAMI BEACH, FL

Title: T () Delete
Name: DOMINGUEZ, ORLANDO
Address: 5060 EAST 5 AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: VPD () Delete
Name: LLANES, ARMANDO
Address: 11862 SW 37 TERR
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: BLANCO, ROLANDO
Address: 585 WEST 77 STREET
City-St-Zip: HIALEAH, FL 33014

Title: COBD () Delete
Name: ESTRADA, JR., LUIS
Address: 9 E. 20 STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: DANIEL HERNANDEZ

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date