## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2008 8:00 am Secretary of State

DOCUMENT # 745891  1. Entity Name CAMARA DE COMERCIO LATINA DE HIALEAH, INC.									01-16-20	08 90047 0	38 ****(	51.25
240 EAST 1ST AVENUE 240 SUITE 217 SUITI HIALEAH, FL 33010-4922 US HIAL				ng Address EAST 1ST AVENUE E 217 EAH, FL 33010-4922 US							ill <b>a</b> i fi 1441	
2, Principal Place of Business - No P.O. Box # 3. M				Mailing Address				81881 BIIBI IBIIB 1818				
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01032008	Chg-NP	CR2E03	7 (12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-2140				oplied For ot Applicable
Zip	Zip Country		Zip	Zip Cor		ntry	5. Certificate of Status Desired			\$8.75 Add Fee Require		
	6. Name	and Address of Curre	ent Registere	ed Agent				7. Name and	Address of Nev	v Registered A	gent	· · ···-
DEL CASTILLO, EMMA					Name				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
240 E. 1ST AVENUE   #217   HIALEAH, FL 33010					Street Address (P.O. Box Number is Not Acceptable)							
, HIALEAH,	FL 33010				City					FL	Zip Cod	e .
The above named entity submits this statement for the purpose of changing its registered office											<u> </u>	
	tions of registe		it for the purp	ose of changing its	register	ed Omice o	register	ed agent, or bot	n, in the State of	rionda, i ami	amiliar with,	and accept
SIGNATURE		:										
	Signature, typeo	or printed name of registered as	gent and title if app	olicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGUING OF ICER OR DIRECTOR

14/08 AV-484-7/3t