


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2008 90047 038 \*\*\*\*61.25

<b>DOCUMENT # 745891</b>					
1. Entity Name CAMARA DE COMERCIO LATINA DE HIALEAH, INC.					
Principal Place of Business 240 EAST 1ST AVENUE SUITE 217 HIALEAH, FL 33010-4922 US			Mailing Address 240 EAST 1ST AVENUE SUITE 217 HIALEAH, FL 33010-4922 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2140991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEL CASTILLO, EMMA 240 E. 1ST AVENUE #217 HIALEAH, FL 33010			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, DANIEL		NAME		
STREET ADDRESS	5855 W 3RD LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	VDD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEVARRIA, HERMAN		NAME		
STREET ADDRESS	243 BRICKELL AVENUE-4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, ORLANDO		NAME	BENITEZ, VICTOR	
STREET ADDRESS	5060 EAST 5 AVENUE		STREET ADDRESS	6860 GLEN EAGLE DR	
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANES, ARMANDO		NAME	LLANES, ARMANDO	
STREET ADDRESS	11862 SW 37 TERR		STREET ADDRESS	11862 SW 37 TERR	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, ROLANDO		NAME	BOLANOS, DANIEL	
STREET ADDRESS	585 WEST 77 STREET		STREET ADDRESS	755 W. 43 PL.	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	COBD	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, JR., LUIS		NAME	ESTRADA, JR. LUIS	
STREET ADDRESS	9 E. 20 STREET		STREET ADDRESS	9 E. 20 STREET	
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	HIALEAH, FL 33010	
12. I hereby certify that the information supplied with this filing 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 employed.					
SIGNATURE: <i>Daniel Estrada</i>			Date: 1/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 773-7730		