

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2009
Secretary of State**

DOCUMENT# 749547

Entity Name: HISPANIC POLICE OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

1470 N.W. 107 AVENUE
P
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

1470 N.W. 107 AVENUE
P
DORAL, FL 33172

New Mailing Address:

FEI Number: 59-2350347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERNANDEZ, WILLIAM A PRES.
1470 N.W. 107 AVENUE
P
DORAL, FL 33172 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: PRES () Delete
Name: HERNANDEZ, WILLIAM A PRES.
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

Title: 1VP () Delete
Name: ALFONSO, ALEX 1VP
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

Title: 2VP () Delete
Name: GARCIA, ERIC 2VP
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

Title: SEC. () Delete
Name: MARTINEZ, MARCOS SEC.
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

Title: TRS. () Delete
Name: GONZALEZ, WILLIAM TRS.
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

Title: SGT. () Delete
Name: FORTICH, ROBERT SGT.
Address: 1470 N.W. 107 AVENUE, SUITE P
City-St-Zip: DORAL, FL 33172

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
Name:
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: WILLIAM HERNANDEZ

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date