

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90477 038 ****61.25

DOCUMENT # 753845

1. Entity Name

CAMARA HISPANA DE COMERCIO, INC.



Principal Place of Business

23550 S.W. 153 CT.
HOMESTEAD, FL 33032

Mailing Address

PO BOX 970582
MIAMI, FL 33197

44045164



05032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2097526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL
23550 S.W. 153 CT.
HOMESTEAD, FL 33032

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, YUELICE T
STREET ADDRESS 23550 S.W. 153 CT.
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE VPD
NAME MENDEZ, MICHAEL
STREET ADDRESS 15785 S.W. 242 ST.
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE VSD
NAME PAULSON, BARBARA O
STREET ADDRESS 22850 S.W. 179 PLACE
CITY-ST-ZIP HOMESTEAD, FL

TITLE TD
NAME GONZALEZ, MIGUEL
STREET ADDRESS 23550 S.W. 153 CT.
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #