

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

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**



09062005 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**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, YUELICE T 23550 S.W. 153 CT. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENDEZ, MICHAEL 15785 S.W. 242 ST. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAULSON, BARBARA O 22850 S.W. 179 PLACE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MIGUEL 23550 S.W. 153 CT. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000378155
09/09/05-80008-004 61.25

**DO NOT WRITE
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 #