

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753845

FILED  
Jul 20, 2007  
Secretary of State

**Entity Name:** CAMARA HISPANA DE COMERCIO, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970582  
MIAMI, FL 33197

**New Mailing Address:**

**FEI Number:** 59-2097526      **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:**

**Name and Address of New Registered Agent:**

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

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: PD      ( ) Delete  
Name: GONZALEZ, YUELICE T  
Address: 23550 S.W. 153 CT.  
City-St-Zip: HOMESTEAD, FL 33032

Title: VPD      ( ) Delete  
Name: MENDEZ, MICHAEL  
Address: 15785 S.W. 242 ST.  
City-St-Zip: HOMESTEAD, FL 33032

Title: VSD      ( ) Delete  
Name: PAULSON, BARBARA O  
Address: 22850 S.W. 179 PLACE  
City-St-Zip: HOMESTEAD, FL

Title: TD      ( ) Delete  
Name: GONZALEZ, MIGUEL  
Address: 23550 S.W. 153 CT.  
City-St-Zip: HOMESTEAD, FL 33032

**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:

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: YVELICE T. GONZALEZ

PD

07/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date