

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90413 045 ***150.00

DOCUMENT # F04000000737

1. Entity Name

HISPANIC PROJECT 2000, INC.



Principal Place of Business

6009 SEA RANCH DR
609 E
HUDSON FL 34667

Mailing Address

6009 SEA RANCH DR
609 E
HUDSON FL 34667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAD, JANE L
6009 SEA RANCH DR
UNIT 609E
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

EDUARDO RIVERO

Street Address (P.O. Box Number is Not Acceptable)

2190 SW 8TH ST.

City

MIAMI

FL

Zip Code

33135

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

Eduardo Rivero

EDUARDO RIVERO

4/6/07

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

(NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WEAD, JANE L	
STREET ADDRESS	2190 SW 8TH ST.	
CITY ST ZIP	MIAMI FL 33135	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUITHLE, FLORICE	
STREET ADDRESS	6009 SEA RANCH DR, #609E	
CITY ST ZIP	HUDSON FL 34667	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORDERO, EDWIN	
STREET ADDRESS	17440 SW 296TH ST.	
CITY ST ZIP	HOMESTEAD FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIXON, K.O.	
STREET ADDRESS	4541 MEGHANS RUN	
CITY ST ZIP	BATAVIA OH 45103	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERO, EDUARDO	
STREET ADDRESS	610 RAVEN AVE.	
CITY ST ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, EDUARDO	
STREET ADDRESS	2190 SW 8TH ST	
CITY ST ZIP	MIAMI, FL 33135	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAD, JANE L	
STREET ADDRESS	6009 SEA RANCH DR APT #609E	
CITY ST ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Florice Luithle Treasurer

4/12/07 727-862-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day; the Phone #