

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L71508 1. Entity Name HISPAMER CORPORATION	
---	---

Principal Place of Business % OSCAR SERNA 13160 SW 20 ST MIAMI, FL 33175	Mailing Address % OSCAR SERNA 13160 SW 20 ST MIAMI, FL 33175
--	--



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

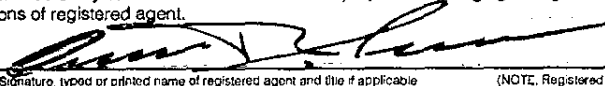
4. FEI Number 65-0197325	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SERNA, OSCAR
13160 SW 20 ST
MIAMI, FL 33175**

**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:  **3/4/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

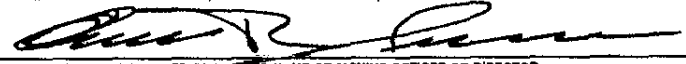
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SERNA, OSCAR 13160 SW 20 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERNANDEZ, AVELINO 15553 SW 55 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FERNANDEZ, SILVIA 15553 SW 55 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**UD00000254778
03/07/05-80087-020 150.00**

**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 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:  **3/4/05 305-552-5659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #