

# 2007 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT

**FILED**  
Feb 06, 2007 8:00 am  
Secretary of State

02-06-2007 90010 027 \*\*\*\*61.25

<b>DOCUMENT # N00000000143</b> 1. Entity Name HISPANIC ORGANIZATION FOR PROGRESS AND EMPOWERMENT, INC.					
Principal Place of Business 1107 SILVER SPRINGS BLVD 2 OCALA, FL 34470		Mailing Address P.O. BOX 6238 OCALA, FL 34478-6238			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  ROSA, MILAGROS E 9140 SE 107 PLACE BELLEVIEW, FL 34420				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3619335	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applied	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LANZA-HUBER, MAGDA 1107 E Silver Spring Blvd S-2, Ocala, FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Wikstrom 111 SW 8th St Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSA, MILAGROS 9140 SE 107 PLACE BELLEVIEW, FL 34420		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAlva, Luis 3421 SE 36th Street Ocala, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAZMIN, FAUSTO 2223 NE 2ND ST OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Miller 9140 SE 107th PLace Belleview, FL 34420		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis Olarte 3040 SE 160th Ln Rd Summerfield, FL 34491		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Magda Lanza-Huber</u> <span style="float: right;">1129107</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					