

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000656	
1. Entity Name HISPANIC/AMERICAN ALLIANCE OF BROWARD, INC.	



Principal Place of Business 9311 NW 39 STREET SUNRISE FL 33351	Mailing Address NORIS Y BROWN 9311 NW 39 ST FORT LAUDERDALE FL 33351
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2. Principal Place of Business 9311 NW 39 ST Sunrise, FL	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 333051	Country Broward

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent BROWN, NORIS Y 9311 NW 39 ST FORT LAUDERDALE FL 33351	
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4. FEI Number 61-1021143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>[Signature]</i>	DATE 7/24/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
F/O OK BROWN, NORIS 9311 NW 39 STREET SUNRISE FL 33351	
PD BROWN, RICHARD M 9811 NW 39 STREET SUNRISE FL 33351	<input type="checkbox"/> Delete
DOHE ALBER, OROLINDA 14 NW 73RD AVE PEMBROKE PINES FL 33062	<input type="checkbox"/> Delete
T DUQUE, PATRICIA M 6800 COOLIDGE ST. PEMBROKE PINES FL 33012	<input type="checkbox"/> Delete
HBM BUIRAGO, MIKE E 5210 LINTON BLVD., SUITE 301 DEL RAY BEACH FL	<input type="checkbox"/> Delete
[Empty]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	
[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**U00000374826
07/28/05-80004-019 61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE: <i>[Signature]</i>	DATE 7/22/05
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