2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000656

FILED May 01, 2006 Secretary of State

Entity Name: HISPANIC/AMERICAN ALLIANCE OF BROWARD, INC.

Current Principal Place of Business: New Principal Place of Business: 9311 NW 39 STREET SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** NORIS Y BROWN NORIS Y BROWN 9311 NW 39 ST 9311 NW 39 ST FORT LAUDERDALE, FL 33351 SUNRISE, FL 33351 FEI Number: 61-1021143 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: BROWN, NORIS Y BROWN, NORIS Y 9311 NW 39 ST 9311 NW 39 ST FORT LAUDERDALE, FL 33351 US US SUNRISE, FL 33351 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: NORIS Y BROWN 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROWN, NORIS Name: Name: 9311 NW 39 STREET Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: ΡD () Delete Title: () Change () Addition BROWN, RICHARD M Name: Name: Address: 9811 NW 39 STREET Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: DOHE () Delete Title: DOHE (X) Change () Addition ALBER, OROLINDA Name: ALBER, OROLINDA Name: Address: 14 NW 73RD AVE Address: 141 NW 73RD AVE City-St-Zip: PEMBROKE PINES, FL 33062 City-St-Zip: PEMBROKE PINES, FL 33062 Title: () Delete Title: () Change () Addition DUQUE, PATRICIA M Name: Name: 6800 COOLIDGE ST. Address: Address: City-St-Zip: PEMBROKE PINES, FL 33012 City-St-Zip: Title: HBM () Delete Title: **HBM** (X) Change () Addition BUITRAGO, MIKE E BUITRAGO, MIKE E Name: Name: 5210 LINTON BLVD., SUITE 301 5210 LINTON BLVD., SUITE 301 Address: Address: DEL RAY PALMBEACH, FL City-St-Zip: DEL RAY BEACH, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition N. Y. BROWN, Name: Name: Address: Address: 9311 N.E. 39 ST. SUNRISE, FL 333351 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORIS Y. BROWN DR. 05/01/2006