

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000656

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

9311 NW 39 STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

NORIS Y BROWN  
9311 NW 39 ST  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 61-1021143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, NORIS Y  
9311 NW 39 ST  
SUNRISE, FL 33351      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: F ( ) Delete  
Name: BROWN, NORIS  
Address: 9311 NW 39 STREET  
City-St-Zip: SUNRISE, FL 33351

Title: PD ( ) Delete  
Name: BROWN, RICHARD M  
Address: 9811 NW 39 STREET  
City-St-Zip: SUNRISE, FL 33351

Title: DOHE ( ) Delete  
Name: ALBER, OROLINDA  
Address: 141 NW 73RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33062

Title: PR ( ) Delete  
Name: BAR, LUBA  
Address: 4108 SAPHIRE TERR  
City-St-Zip: WESTON, FL 33331

Title: DO ( ) Delete  
Name: TORREZ, EUGENIO R  
Address: 4300 N.W. 60TH. STREET  
City-St-Zip: N. LAUDERDALE, FL 33310

Title: PF ( ) Delete  
Name: N. Y. BROWN,  
Address: 9311 N.E. 39 ST.  
City-St-Zip: SUNRISE, FL 333351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 BROWN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/30/2008

\_\_\_\_\_ Date