2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N00000000656

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 SAPPHIRE 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:	DO	(X) Change ( ) Addition
Name:	BROWN, RICHARD R	
Address:	9311 NW 39 ST.	
City-St-Zip:	SUNRISE, FL 33351	
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 Y. BROWN FOUN 04/09/2009

Electronic Signature of Signing Officer or Director — Date