2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

Talel Galena, MABEL DATENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N00000002604

Entity Name

Principal Place of Business

HISPANIC ALLIANCE OF PALM BEACH COUNTY, INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90282 011 ****61.25

561-641-8803

Daytime Phone # 561-202 - 7252

7865 ROCK PORT CIRCLE LAKE WORTH FL 33467		E 7865 ROCK PORT CIRCLE LAKE WORTH FL 33467			
2. Principal Pl	lace of Busine	ess	3. Mailing Address P. O. Box 1986	61.	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)
City & State			City & State W. P. B -		4. FEI Number 65-0981399 Applied For Not Applied For
Zip		Country	Zip 33486	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
ļ	6. Name	and Address of Current			7. Name and Address of New Registered Agent
MABEL, DATENA 7865 ROCK PORT CIRCLE LAKE WORTH FL 33467				417	MABEL DATENA Address (P.O. Box Number is Not Acceptable) 72 KENT AVE.
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 Signature: 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 Signature: Note: Registered Agent signature required when reinstaling) DATE DATE					
T0.	the second of the second of the second	FEE IS \$61.25 May 1, 2004 OFFICERS AND DI	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UICE - PRESIDENT MChange Addition SILVIA BAEZ 729 FRANCIS ST.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARLOS PORT CIRCLE TH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY _
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ER PORT CIRCLE TH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSE ALCERRO P.O. BOX 19861 WPB - F1 33416
TITLE NAME STREET ADDRESS GITY-ST-ZIP	LAKE WOR	CARLOS PORT CIRCLE TH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WPB - FrA. 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WOR	JOSE F PORT CIRCLE TH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UICE- SECRETARY ANTONIA NEGRETTE P.O. BOX 19861 UPB - FI 33416 Boyn For Beach - FI 33463 PUBLIC RELATIONS [Change Addition ALMASHY]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7865 ROCK	, DEMETRIO PORT CIRCLE TH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAVES CITY TO
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					