2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N00000002604

Entity Name: HISPANIC ALLIANCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

8196 QUITO PLACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 19861
WEST PALM BEACH, FL 33416

New Mailing Address:

8196 QUITO PLACE
WELLINGTON, FL 33414 US

FEI Number: 65-0981399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MABEL, DATENA V
8196 QUITO PLACE
WELLINGTON, FL 33414 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: P ( ) Delete
Name: SANDS, ANA
Address: PO BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S ( ) Delete
Name: MATIZ, YANIRA
Address: PO BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

Title: VS ( ) Delete
Name: MOWS, SANDRA
Address: PO BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

Title: T ( ) Delete
Name: GONZALEZ, CARLOS SENEN
Address: P.O.BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

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:

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: MABEL DATENA VP 04/30/2008

Electronic Signature of Signing Officer or Director — Date