

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002578

FILED
Jul 01, 2004
Secretary of State

Entity Name: HISPANO-LATINO CULTURAL ALLIANCE, INC.

Current Principal Place of Business:

1114 SW 8TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1114 SW 8TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-1095251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ROGELIO
1114 SW 8TH AVENUE
DELRAY BEACH, FL 33444

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: D () Delete
Name: ALFORD, MARILYN
Address: 2700 FIORE WAY #203
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV () Delete
Name: GARCIA, HERMINIA
Address: 714 SE 3RD AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: DS () Delete
Name: RAMIREZ, ROGELIO
Address: 1506 WHARF LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: DP () Delete
Name: RAMIREZ, JANIE
Address: 1114 SW 8TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: SANTIAGO, HERIBERTO
Address: 300 W ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: FERRER, MARJORIE
Address: 1420 N SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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 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 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: ROGELIO RAMIREZ

S

07/01/2004

Electronic Signature of Signing Officer or Director

Date

RAMONA MALDONADO DT
100 BROOKWOOD CT
ROYAL PALM BEACH FL 33411