

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002578

FILED
May 07, 2007
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:

259 NE 2ND AVENUE #220
DELRAY BEACH, FL 33444

FEI Number: 65-1095251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMIREZ, ROGELIO
1114 SW 8TH AVENUE
DELRAY BEACH, FL 33444 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: DT () Delete
Name: MALDONADO, RAMONA
Address: 100 BROOK WOODS CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title: DS () Delete
Name: HOKE, CONSUELO
Address: 348 SW 9TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

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: 8613 BINGHAMTON AVENUE
City-St-Zip: BOYNTON BEACH, FL 33436

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 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: JANIE RAMIREZ

DP

05/07/2007

Electronic Signature of Signing Officer or Director

Date