

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002578

FILED  
Jul 30, 2008  
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:

1107 S.W. 9TH AVENUE  
DELRAY BEACH, FL 33444

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 6386  
DELRAY BEACH, FL 33482-638

FEI Number: 65-1095251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

RAMIREZ, ROGELIO  
1107 S.W. 9TH AVENUE  
DELRAY BEACH, FL 33444      US

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: ROGELIO RAMIREZ

07/30/2008

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

07/30/2008

Electronic Signature of Signing Officer or Director

Date