

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008096

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** NATIONAL SOCIETY FOR HISPANIC PROFESSIONALS, INC.

**Current Principal Place of Business:**

8260 N BAYSHORE DR  
MIAMI, FL 33138

**New Principal Place of Business:**

1835 NE MIAMI GARDENS DRIVE  
# 313  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

8260 N BAYSHORE DR  
MIAMI, FL 33138

**New Mailing Address:**

1835 NE MIAMI GARDENS DRIVE  
# 313  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 82-0557072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON, CAROLINA  
11861 NW 24TH ST.  
PLANTATION, FL 33323 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: CD ( ) Delete  
Name: SHANNON, CAROLINA  
Address: 11861 NW 24TH ST.  
City-St-Zip: PLANTATION, FL 33323

Title: D ( ) Delete  
Name: GALINDO, MARTHA  
Address: 1515 UNIVERSITY DR. SUITE 204-C  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete  
Name: SOSA, XIOMARA  
Address: 8260 N BAYSHORE DR  
City-St-Zip: MIAMI, FL 33138

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINA SHANNON

CD

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date