

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90018 043 \*\*\*\*61.25

**DOCUMENT # N01000008913**

1. Entity Name  
**HISPANIC BUSINESS INITIATIVE FUND, INC.**



Principal Place of Business  
**1101 CHANNELSIDE DR  
STE 238  
TAMPA, FL 33602**

Mailing Address  
**1101 CHANNELSIDE DR  
STE 238  
TAMPA, FL 33602**

40015656



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**04-3589150**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, GILBERTO  
114 S. FREMONT AVE  
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VC ☐ Delete  
NAME FERNANDEZ, JOSE  
STREET ADDRESS 1101 CHANNELSIDE DR #238  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME LOPEZ, MARK  
STREET ADDRESS 1101 CHANNELSIDE DR STE 238  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COHN, VANESSA  
STREET ADDRESS 302 KNIGHTS RUN AVE NO 1100  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BRANCT, CHAD M  
STREET ADDRESS 5555 E. MICHIGAN ST STE 100  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME PALACIOS, KIRSTEN  
STREET ADDRESS 315 E. ROBINSON ST STE 190  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME SANCHEZ, GILBERTO  
STREET ADDRESS 114 S. FREMONT AVE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

(813) 817-1657

Date

Daytime Phone #