


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90039 001 *****8.75
04-04-2008 90039 002 *****61.25

DOCUMENT # N02000002414					
1. Entity Name FUNDACION.HISPANA PARA PREVENIR LA VIOLENCIA DOMESTICA INC.					
Principal Place of Business 11880 SW 40TH STREET STE 418 MIAMI, FL 33175			Mailing Address 11880 SW 40TH STREET STE 418 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # 11880 SW 40th Street		3. Mailing Address 8782-A-SW 8th Street			
Suite, Apt. #, etc. STE. 207		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33175		Country U.S.		Zip 33174	
Country U.S.		Country U.S.			
6. Name and Address of Current Registered Agent LLANES, SERGIO 9355 SW 43RD TERR MIAMI, FL 33165			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME LLANES, SERGIO <input type="checkbox"/> Delete				
STREET ADDRESS 9355 S.W. 43RD TERRACE	CITY-ST-ZIP MIAMI, FL 33165				
TITLE SD	NAME JORGE, MARCIA <input type="checkbox"/> Delete				
STREET ADDRESS 15165 S.W. 59TH STREET	CITY-ST-ZIP MIAMI, FL 33193				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____				04-02-08 305-554-4955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	