2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002552

Entity Name: CHAMBER OF HISPANIC AFFAIRS, INC.

FILED Sep 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7515 SW 26TH PLACE GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

P.O. BOX 394 GAINESVILLE, FL 32602

FEI Number: 30-0087346 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: Name and Address of New Registered Agent:

MELENDEZ, WILFREDO R 7515 SW 26TH PLACE GAINESVILLE, FL 32607 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

PAZMIN, FAUSTO Name: Name: Address: 2223 N.E. 2ND ST Address: City-St-Zip: OCALA, FL 34470 City-St-Zip:

Title: Title: () Delete () Change () Addition

Name: ROSADO, DAMARIS Name: Address: P.O. BOX 776 Address: City-St-Zip: BRONSON, FL 32661 City-St-Zip:

Title: () Delete Title: () Change () Addition

GOMEZ, MANNY Name: Name: Address: P.O. BOX 12774 Address: City-St-Zip: GAINESVILLE, FL 32604 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: MELENDEZ, WILFREDO P Name: Address: 7515 SW 26TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

VACANT, VACANT RUIZ, DAVID Name: Name: P.O. BOX 394 P.O. BOX 394 Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32602

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: WILFREDO R MELENDEZ WRM 09/26/2008