2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004537

Entity Name: HISPANIC COMMUNITY SERVICES, CORP.

FILED Apr 28, 2003 Secretary of State

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

2905 W REYNOLDS ST
PLANT CITY, FL 336530

2903 W REYNOLDS ST
PLANT CITY, FL 33563 US

Current Mailing Address: New Mailing Address:

2905 W REYNOLDS ST PLANT CITY, FL 336530 2903 W REYNOLDS ST PLANT CITY, FL 33563 US

FEI Number: 75-3065996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

A1A CORPORATE SERVICES INC.

2905 W REYNOLDS ST
PLANT CITY, FL 33653 US

A1A CORPORATE SERVICES INC.

2903 W REYNOLDS ST
PLANT CITY, FL 33653 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: 04/28/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 FELIX, HEIDI I
 Name:
 FELIX, HEIDI I

 Address:
 2905 W REYNOLDS ST
 Address:
 2903 W REYNOLDS ST

 City-St-Zip:
 PLANT CITY, FL 33653
 City-St-Zip:
 PLANT CITY, FL 33653

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

 Name:
 FELIX, YADIRA
 Name:
 FELIX, YADIRA

 Address:
 2905 W REYNOLDS ST
 Address:
 2903 W REYNOLDS ST

 City-St-Zip:
 PLANT CITY, FL 33653
 City-St-Zip:
 PLANT CITY, FL 33653

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 TREJO, CLAUDIA F
 Name:
 TREJO, CLAUDIA F

 Address:
 2905 W REYNOLDS ST
 Address:
 2903 W REYNOLDS ST

 City-St-Zip:
 PLANT CITY, FL 33653
 City-St-Zip:
 PLANT CITY, FL 33653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEIDI I FELIX PD 04/28/2003