

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2008
Secretary of State**

DOCUMENT# N02000008425

Entity Name: CASA DE LA CULTURA HISPANOAMERICANA, INC.

Current Principal Place of Business:

5338 ROSE MARIE AVE S
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

5338 ROSE MARIE AVE S
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 57-1135129 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:

JIMENEZ, NOHORA
5338 ROSE MARIE AVE S
BOYNTON BEACH, FL 33437 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JIMENEZ, NOHORA
Address: 5338 ROSE MARIE AVE S
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MILDRED, CASTILLO
Address: 309 MALVERNE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NOHORA JIMENEZ

PRES

07/03/2008

Electronic Signature of Signing Officer or Director

_____ Date