

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

DOCUMENT# N03000001670

**Entity Name:** UNITED STATES HISPANIC PUBLISHERS FEDERATION, INC.

**Current Principal Place of Business:**

1393 SW 1 ST STE 400  
MIAMI, FL 33135 US

**New Principal Place of Business:**

P.O. BOX 350372  
JOSE MARTI STATION  
MIAMI, FL 33135 US

**Current Mailing Address:**

P.O. BOX 350372  
JOSE MARTI STATION  
MIAMI, FL 331350372

**New Mailing Address:**

**FEI Number:** 56-3876883      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ESPINOZA, SARA P  
1393 SW 1 STREET  
SUITE 400  
MIAMI, FL 33135 US

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

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: PD ( ) Delete  
Name: MARTINEZ, LINA K  
Address: 6065 HILLCORFT  
City-St-Zip: HOUSTON, TX 77084 US

Title: VD ( ) Delete  
Name: DUARTE, MARIO  
Address: 3000 NORTH 2ND STREET  
City-St-Zip: MINNEAPOLIS, MN 55411 US

Title: SD ( ) Delete  
Name: RODRIGUEZ, VICENTE P  
Address: 4696 EAST 10 COURT  
City-St-Zip: HIALEAH, FL 33013 US

Title: TD ( ) Delete  
Name: ARMESTO, ELADIO J  
Address: POB 350002 JOSE MARTI STATION  
City-St-Zip: MIAMI, FL 33135 US

Title: VD ( ) Delete  
Name: TORO, MANUEL A  
Address: 685 S HIGHWAY 427  
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete  
Name: GONZALEZ, BERTHA A  
Address: 601 E. SAN YSIDRO BLVD.  
City-St-Zip: SAN YSIDRO, CA 92173 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ELADIO J. ARMESTO

TD

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date