2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 21, 2006 08:00 AM
Secretary of State

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1. Entity Name
HISPANIC AMERICAN CHAPTER OF THE BATTEN'S DISEASE SUPPORT AND RESEARCH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 BISCAYNE BLVD. WAY., STE. 1007 MIAMI, FL 33131	P.O. BOX 278164 MIRAMAR, FL 33027

08112006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
56-2346134
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, DAISY W
300 BISCAYNE BLVD. WAY., STE. 1007
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACEVEDO, DAISY W
STREET ADDRESS	P.O. BOX 278164
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	AGRON, JOSCELYN
STREET ADDRESS	P.O. BOX 278164
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	RIOS-SERRANO, GYPSY E
STREET ADDRESS	P.O. BOX 278164
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	CHANES, HECTOR
STREET ADDRESS	13430 SW 32 ST.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	T
NAME	MARTINEZ, DAMARYS
STREET ADDRESS	P.O. BOX 278160
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/22/06-80004-023 61.25

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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: Damarys Martinez 8/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #