
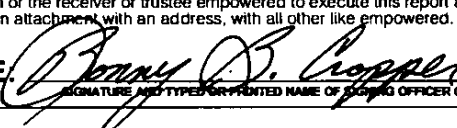
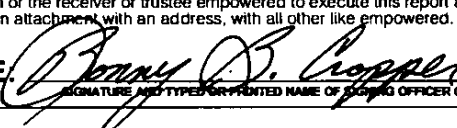
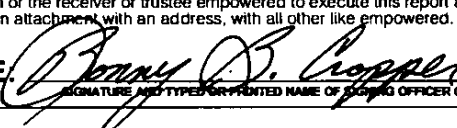


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90048 047 \*\*\*\*70.00

<b>DOCUMENT # N03000004675</b> 1. Entity Name <b>MAYOR'S HISPANIC HERITAGE COMMITTEE, INC.</b>																																																																																																																																																											
Principal Place of Business <b>306 EAST JACKSON STREET TAMPA, FL 33602</b>			Mailing Address <b>P.O. BOX 172042 TAMPA, FL 33672-0042</b>																																																																																																																																																								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		Zip																																																																																																																																																							
				Country																																																																																																																																																							
4. FEI Number <b>01-0786361</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
6. Name and Address of Current Registered Agent  <b>TOSELLI, CINDY 14921 REDCLISS DRIVE TAMPA, FL 33625</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																																											
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																							
<b>Make check payable to Florida Department of State</b>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">D BARTOLOTTI, CATHY</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">Jose Valentin</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">4023 LINCOLN AVENUE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">7017 Tide Water Trail</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">TAMPA, FL 33607</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">Tampa, FL 33619</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 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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.																																																																																																																																																											
<table style="width:100%;"> <tr> <td style="width: 60%; padding: 5px;"> <b>SIGNATURE</b>  </td> <td style="width: 40%; padding: 5px;"> <b>Bonny B. Cropper</b> </td> </tr> <tr> <td style="padding: 5px;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </td> <td style="padding: 5px;"> <small>Date</small> <b>2/20/06</b> <small>Daytime Phone #</small> <b>(813) 274-5537</b> </td> </tr> </table>						<b>SIGNATURE</b> 	<b>Bonny B. Cropper</b>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> <b>2/20/06</b> <small>Daytime Phone #</small> <b>(813) 274-5537</b>																																																																																																																																																		
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