

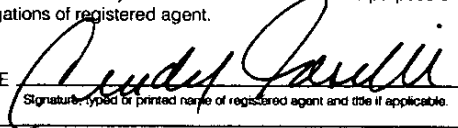
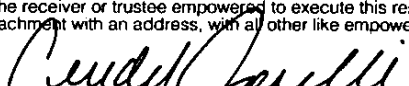


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N03000004675 1. Entity Name MAYOR'S HISPANIC HERITAGE COMMITTEE, INC. | | | |  | | <div style="font-size: 2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">08 SEP 19 PM 4:34</div> <div style="font-size: 0.8em; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 306 EAST JACKSON STREET TAMPA, FL 33602 | | | | Mailing Address P.O. BOX 172042 TAMPA, FL 33672-0042 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 306 E Jackson | | | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State Tampa, FL | | | | | |
| Zip | Country | Zip 33602 | Country | 4. FEI Number 01-0786361 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CROPPER, BONNY B 3414 PASO FINO LANE DOVER, FL 33527 | | | | 7. Name and Address of New Registered Agent Name Toselli, Cindy Street Address (P.O. Box Number is Not Acceptable) 14921 Redcliff DR. City Tampa, FL FL Zip Code 33625 | | | |
| 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 9/17/08 | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARTOLOTTI, CATHY 4023 LINCOLN AVENUE TAMPA, FL 33607 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300136159163 09/19/08--01044--009 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV VALDES, DESIREE 1009 W INDIANA AVE TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Menendez, Bernie 6730 N. DONALD AVE. Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS QUINONES, ELIZABETH 4415 LETO LAKES BLVD #305 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GONZALEZ, DAVID P.O. Box 82560 TAMPA, FL 33682 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BLANCO, ROBERT 17117 GULF BLVD #631 SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS segarra, Yvette 310 Laxton Lane Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CROPPER, BONNY B 3414 PASO FINO LANE DOVER, FL 33527 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Toselli, Cindy 14921 Redcliff DR. Tampa, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PULLARA, JOSEPH 427 LOCH DEVON LUTZ, FL 33548 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | | DATE 9/17/08 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 813-242-3807 | | | |

9/19/08