
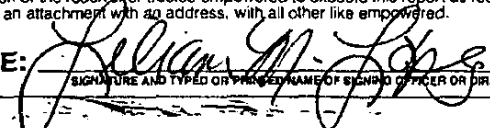


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-07-2004 90028 026 ****61.25

DOCUMENT # N03000005555			
1. Entity Name U.S. HISPANIC WOMEN'S CHAMBER OF COMMERCE, INC.			
Principal Place of Business 301 ARTHUR GODFREY RD 3 FLOOR MIAMI BEACH, FL 33140		Mailing Address 301 ARTHUR GODFREY RD 3 FLOOR MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, LILIAM M. 2457 COLLINS AVE #701 MIAMI BEACH, FL 33140		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, NERY	NAME	
STREET ADDRESS	220 ALHAMBRA CIR STE 500	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LILIAM	NAME	
STREET ADDRESS	2457 COLLINS AVE #701	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEPERO, ELOY	NAME	
STREET ADDRESS	9415 SUNSET DR STE 111	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Elnia de Paula	NAME	D Elnia de Paula
STREET ADDRESS	1470 W. 41st St #202	STREET ADDRESS	1470 W. 41st St #202
CITY-ST-ZIP	Hialeah, FL 33012	CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delizbeth Bernal	NAME	Delizbeth Bernal
STREET ADDRESS	1715 W. 68th St	STREET ADDRESS	1715 W. 68th St
CITY-ST-ZIP	Hialeah, FL 33014	CITY-ST-ZIP	Hialeah, FL 33014
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Lopez	NAME	Marilyn Lopez
STREET ADDRESS	1067 Royal Poinciana Circle	STREET ADDRESS	1067 Royal Poinciana Circle
CITY-ST-ZIP	Ocoee, FL 34761	CITY-ST-ZIP	Ocoee, FL 34761
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4-1-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Daytime Phone #	

66414263



01082004 Chg-NP CR2E037 (10/03)

4. FEL Number: 83-0366771 Applied For Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required