

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300000555

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: U.S. HISPANIC WOMEN'S CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

301 ARTHUR GODFREY RD 3 FLOOR  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

301 ARTHUR GODFREY RD 3 FLOOR  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 83-0366771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOPEZ, LILIAM M  
4200 ALTON ROAD  
MIAMI BEACH, FL 33140      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: D      ( ) Delete  
Name: GONZALEZ, NERY  
Address: 220 ALHAMBRA CIR STE 500  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      ( ) Delete  
Name: LOPEZ, LILIAM  
Address: 2457 COLLINS AVE #701  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D      ( ) Delete  
Name: CEPERO, ELOY  
Address: 9415 SUNSET DR STE 111  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: DE PAULA, ELANIA  
Address: 1470 W 41 ST #202  
City-St-Zip: HIALEAH, FL 33012

Title: D      ( ) Delete  
Name: BERNAL, ELIZABETH  
Address: 1715 W 68 ST  
City-St-Zip: HIALEAH, FL 33014

Title: D      ( ) Delete  
Name: LOPEZ, ANA  
Address: 1067 ROYAL RANQUIS CIRCLE  
City-St-Zip: OCOEE, FL 34761

**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: LILIAM M. LOPEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/05/2006

\_\_\_\_\_  
Date