2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005703

FILED Apr 30, 2005 Secretary of State

Entity Name: WE, HISPANIC WOMEN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

6147 SUNNYVALE DR. 1161 CARDINAL CREEK PLACE

ORLANDO, FL 32822 OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

6147 SUNNYVALE DR. 1161 CARDINAL CREEK PLACE

ORLANDO, FL 32822 OVIEDO, FL 32765

FEI Number: 20-0244023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASTELEIRO, GLADYS CASTELEIRO, GLADYS 6147 SUNNYVALE DR. 1161 CARDINAL CREEK PLACE ORLANDO, FL 32822 US OVIEDO, FL 32765

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: GLADYS CASTELEIRO 04/30/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CASTELIRO, GLADYS CASTELIRO, GLADYS Name: Name: 6147 SUNNYVALE DR. Address: 1161 CARDINAL CREEK PLACE Address:

ORLANDO, FL 32822 OVIEDO, FL 32765

City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition RIVERA, EMERIDA Name: CABALLERO, MILAGROS Name:

Address: 2660 S.W. 37TH AVE., APT. 503 Address: 114-4 SEMORAN BLVD. City-St-Zip: MIAMI, FL 33133 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change () Addition

ACEVEO, NANCY Name: MATIAS, VERONICA Name: 1103 WINTER SPRINGS BLVD 1208 TWIN RIVERE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32766

Title: () Delete Title: () Change (X) Addition

Name: Name: RAMOS, ILIANA Address: Address: 2616 PEEL AVE City-St-Zip: City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLADYS CASTELEIRO Ρ 04/30/2005