

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90012 008 \*\*\*\*61.25

**DOCUMENT # N03000005766**

1. Entity Name  
**HISPANIC BUSINESS INITIATIVE FUND OF SOUTH  
FLORIDA, INC.**

Principal Place of Business  
**P.O. BOX 2886  
ORLANDO, FL 32801**

Mailing Address  
**P.O. BOX 2886  
ORLANDO, FL 32801**

**54006152**



2. Principal Place of Business

**1640 LEE ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**1640 LEE ROAD**

Suite, Apt. #, etc.

02112004

Chg-NP

CR2E037 (10/03)

City & State

**WINTER PARK, FL**

Zip  
**32789**

Country

**USA**

City & State

**WINTER PARK, FL**

Zip  
**32789**

Country

**USA**

4. FEI Number

**86-1068686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**BLANCA, TONY  
315 E. ROBINSON ST.  
SUITE 190  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**D TONY BLANCA  
400 S. ORANGE AVENUE  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**D VANESSA COHN  
705 W. AZEELE STREET  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**D LINDA GONZALEZ  
5600 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**TD Hector L. MARTINEZ  
1640 LEE ROAD  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**D PORFIRIA RAMIREZ  
412 S. HOWARD AVE  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**D CONRAD SANTIAGO  
800 N. MAGNOLIA AVE  
ORLANDO, FL 32803**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/04 407-740-5077**

Date

Daytime Phone #