

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 036 ****61.25

DOCUMENT # N03000005766

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



Principal Place of Business
1640 LEE ROAD
WINTER PARK, FL 32789

Mailing Address
1640 LEE ROAD
WINTER PARK, FL 32789

50054007



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number
86-1068686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANCA, TONY
STREET ADDRESS	400 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	D
NAME	COHN, VANESSA
STREET ADDRESS	705 W. AZEELE STREET
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	GONZALEZ, LINDA
STREET ADDRESS	5600 LAKE ELLENOR DRIVE
CITY - ST - ZIP	ORLANDO, FL 32809
TITLE	TD
NAME	MARTINEZ, HECTOR L
STREET ADDRESS	1640 LEE ROAD
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	RAMIREZ, DORFIRIA
STREET ADDRESS	412 S HOWARD AVE
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	SANTIAGO, CONRAD
STREET ADDRESS	800 N MAGNOLIA AVE
CITY - ST - ZIP	ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/31/05

407-740-5077