
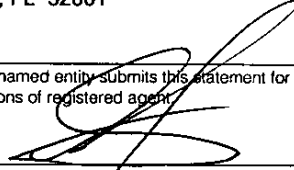
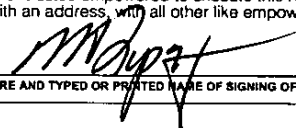


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90352 044 ****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	
2. Principal Place of Business 1101 Channelside Dr. Suite, Apt. #, etc. 238 City & State TAMPA FL Zip 33602 Country USA		3. Mailing Address 1101 Channelside Dr. Suite, Apt. #, etc. 238 City & State TAMPA FL Zip 33602 Country USA	
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 GILBERTO SANCHEZ Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA PLAZA 101 EAST KENNEDY BLVD. # 317D City TAMPA FL Zip Code 33602	
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  GILBERTO SANCHEZ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 3/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME BLANCA, TONY STREET ADDRESS 400 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE C NAME FERNANDEZ, JOSE STREET ADDRESS 1101 CHANNELSIDE DR. STE. 238 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COHN, VANESSA STREET ADDRESS 705 W. AZEEL STREET CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE VC NAME LOPEZ, MARK STREET ADDRESS 1101 CHANNELSIDE DR. STE. 238 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GONZALEZ, LINDA STREET ADDRESS 5600 LAKE ELLENOR DRIVE CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE T NAME MCCALL, MERCEDES STREET ADDRESS 1101 CHANNELSIDE DR. STE. 238 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME MARTINEZ, HECTOR L STREET ADDRESS 1640 LEE ROAD CITY-ST-ZIP WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE S NAME SANCHEZ, GILBERTO STREET ADDRESS 1101 CHANNELSIDE DR. STE. 238 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME RAMIREZ, DORFIRIA STREET ADDRESS 412 S HOWARD AVE CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SANTIAGO, CONRAD STREET ADDRESS 800 N MAGNOLIA AVE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  MARK LOPEZ		Date 3-23-06 Daytime Phone # 813 864-3600	