

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 042 ****61.25

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



Principal Place of Business

**1101 CHANNELSIDE DR
238
TAMPA, FL 33602**

Mailing Address

**1101 CHANNELSIDE DR
238
TAMPA, FL 33602**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**SANCHEZ, GILBERTO
114 S FREMONT AVE
TAMPA, FL 33606**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VC
NAME	FERNANDEZ, JOSE
STREET ADDRESS	1101 CHANNELSIDE DR STE 238
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	COHN, VANESSA
STREET ADDRESS	302 KNIGHTS RUN AVE, STE 1100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	BRANDT, CHAD M
STREET ADDRESS	5555 E MICHIGAN ST. STE 100
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	DS
NAME	SANCHEZ, GILBERTO
STREET ADDRESS	114 S FREMONT AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	C
NAME	LOPEZ, MARK A
STREET ADDRESS	612 SOUTH DALE MABRY HIGHWAY
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DT
NAME	PALACIOS, KIRSTEN
STREET ADDRESS	315 E. ROBINSON ST., STE. 190
CITY-ST-ZIP	ORLANDO, FL 32801

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08
Date

(813) 817-1657
Daytime Phone #