2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2004 8:00 am

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DOCU	MENT # N03000005	767				-13-2004 90	_		
1. Entity Nam	e				· -	10 200.9		92	
HISPANIO FLORIDA	C BUSINESS INITIATIVE FU	ND OF SOUTHWES	T						
FLORIDA	, INC.								
Principal Place	e of Business	Mailing Address						0001	12-1
P.O BOX 288	36	P.O BOX 2886					54	0061	191
orlando, fi	L 32801	Orlando, FL 32801		1					
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2. Principal P	lace of Business	3. Mailing Address	4 1	~					
1640	Lee Road	1640 Lee	KOAd						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02112004 C	ng-NP	CR2E037	(10/03)	
City & State	e ^	City & State		- 4	. FEI Number				plied For
WINT	ER PARK, FL	WINTER PA	RK, F		86-10	68689			t Applicable
Zip 20 D 6	Country	222049	Country		. Certificate of St	atus Desired		3.75 Addi	
3278	6. Name and Address of Current R	DF 13	UPA		Name and Add	_	Fed	e Required	<u> </u>
	d. Italie and Address of Current H	legistered Agent	Name		-24Bille and Add	GRA DI NEW N	idistated whe	7H	
BLANCA,			Street Ad	Idrone (B.C). Box Number is	Vat Anontoble			
315 E. RO	BINSON ST.		Sileel Au	uress (F.C	. Dox mumber is	voi Acceptable)		
	D, FL 32801								
•			City			•	FL	Zip Code	3
	named entity submits this statement for	the purpose of changing its re	edistered office or	renistered	agent or both in	the State of Flo	1	niliar with	and accept
	ions of registered agent.	one perpendicular and analysis to	9,0,0,0,0		agoin, or boun, in	0.0.0			and docopi
SIGNATURE .	Signature, typed or printed name of registered agent at	od litle if applicable (NOTE:	Registered Agent signatur	e required who	en reinstaling)		DATE		
	- State of types of parties from our organization against an	The first of the f	- September 20 Mary 10	- required with	siri en érading)	I		<u> </u>	
	PHILL For to \$64.00								
	Filing Fee is \$61.25		paign,Financing		5.00 May Be		ake check p		
	Due by May 1, 2004	Trust Fund Co	entribution.	└ À: 	ded to Fees	Flori	da Departm	ent of St	ate-
10.	-	Trust Fund Co	ntribution.	└ À: 		Flori	da Departm	ent of St	10.
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of the corporation or the receiver of turstee empowered to execute this report as required changed, or on an attachment with an orderss, with all other like empowered.

SIGNATURE:

STORIATURE AND PYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR