

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008403

FILED
Jan 13, 2005
Secretary of State

Entity Name: LATIN CHAMBER OF COMMERCE OF BROWARD COUNTY FOUNDATION, INC.

Current Principal Place of Business:

8320 W SUNRISE BLVD, STE 206
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8320 W SUNRISE BLVD, STE 206
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-0074391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JOSE (PEPE)
8320 W SUNRISE BLVD, STE 206
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, JOSE (PEPE)
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: CHD () Delete
Name: CHAO, ANTHONY
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: VEJERANO, ANDRES
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: SD () Delete
Name: VELEZ, MISLADY A
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: WILLIAMS, ELSA
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: GRANADO, GISELA B
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIRANDA, ANA
Address: 8320 W SUNRISE BLVD, STE 206
City-St-Zip: PLANTATION, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LOPEZ

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date