


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90018 011 *****70.00

DOCUMENT # N03000008868		
1. Entity Name FLORIDA HISPANIC LEGISLATIVE CAUCUS, INC.		

Principal Place of Business 101 NORTH MONROE. 804 TALLAHASSEE, FL 32301	Mailing Address 101 NORTH MONROE. 804 TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03282005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0625988	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ZAPATA, JUAN C 12925 SW 88 LN MIAMI, FL 33186	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, ALEJANDRO 101 NORTH MONROE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ARZA, RAFAEL 14645 NW 77TH AVENUE HIALEAH, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, O BARREIRO, GUSTAVO A 1454 SW 1ST STREET MIAMI, FL 33135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BUCHER, SUSAN 1660 SOUTHERN BOULEVARD. SUITE Q WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CANTENS, GASTON I 1321 SW 107TH AVENUE. SUITE 205C MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, O HENRIQUEZ, BOB 4221 NORTH HIMES AVENUE. SUITE 102 TAMPA, FL 33607 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Anitere Flores 1321 SW 107 Ave Ste. 205 C Miami, FL 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Carlos Lopez-Cantera 2300 Coral Way Ste 111 Miami, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Anthony Triguera 900 W. Comden Rd Brandon, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	3/29/05	305-815-5449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #