


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2005 90018 010 \*\*\*\*70.00

<b>DOCUMENT # N03000008869</b> 1. Entity Name <b>FLORIDA HISPANIC LEGISLATIVE FOUNDATION, INC.</b>					
Principal Place of Business <b>101 NORTH MONROE 804 TALLAHASSEE, FL 32301</b>			Mailing Address <b>101 NORTH MONROE 804 TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-0602837-</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ZAPATA, JUAN C 12925 SW 88 LN MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete <b>PRIEGUEZ, MANUEL 400 MALAGA AVE MIAMI, FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anitere Flores 1321 SW 107th Ave Ste. 205 C Miami, FL 33174</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FERRO, ALEJANDRO 101 NORTH MONROE, SUITE 804 TALLAHASSEE, FL 32301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carlos Lopez-Canters 2300 Coral Way Ste 111 Miami, FL 33145</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>ARZA, RAFAEL 14645 NW 77TH AVENUE HIALEAH, FL 32399</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anthony Trauies 902 W Linden Rd Brandon, FL 33511</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, O <input type="checkbox"/> Delete <b>BARREIRO, GUSTAVO A 1454 SW 1ST STREET MIAMI, FL 33135</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>BUCHER, SUSAN 1660 SOUTHERN BOULEVARD, SUITE Q WEST PALM BEACH, FL 33406</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete <b>CANTENS, GASTON I 1321 SW 107TH AVENUE, SUITE 205C MIAMI, FL 33174</b>	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					