

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008869

1. Entity Name
FLORIDA HISPANIC LEGISLATIVE FOUNDATION, INC.



FILED

06 JAN 23 PM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**101 NORTH MONROE
804
TALLAHASSEE, FL 32301**

Mailing Address
**101 NORTH MONROE
804
TALLAHASSEE, FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0602837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAPATA, JUAN C
12925 SW 88 LN
MIAMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
FLORES, ANITERE
1321 SW 107 AVE STE 205 C
MIAMI, FL 33174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900064415309
01/25/06--01004--008 **70.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERRO, ALEJANDRO
101 NORTH MONROE, SUITE 804
TALLAHASSEE, FL 32301** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/23 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
ARZA, RAFAEL
14645 NW 77TH AVENUE
HIALEAH, FL 32399** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/23 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, O
BARREIRO, GUSTAVO A
1454 SW 1ST STREET
MIAMI, FL 33135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/23 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
BUCHER, SUSAN
1660 SOUTHERN BOULEVARD, SUITE Q
WEST PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/23 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
LOPEZ-CAUTERA, CARLOS
2300 CORAL WAY STE 111
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/23 ☐ Change ☐ Addition

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

1/23/06

Date

Daytime Phone #