2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004
Secretary of State

DOCUMENT# N03000009590

Entity Name: PUERTO RICAN CHAMBER OF COMMERCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 17256
WEST PALM BEACH, FL 33416 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17256
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, MIGUEL A
1121 SUMMIT PL CIR
WEST PALM BEACH, FL 33415 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: P ( ) Delete
Name: RIOS, MIGUEL A
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: C ( ) Delete
Name: ROSA, FRED
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: CV ( ) Delete
Name: TORO, KATHERINE
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: DIR ( ) Delete
Name: MORALES, DANNY
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: DIR ( ) Delete
Name: RODRIGUEZ-BAEZ, IVAN
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BECAH, FL 33416 US

Title: DIR ( ) Delete
Name: DAVILA, LOU
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VC (X) Change ( ) Addition
Name: TORO, KATHERINE
Address: P.O. BOX 17256
City-St-Zip: WEST PALM BEACH, FL 33416 US

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

Title: DIR (X) Change ( ) Addition
Name: HERNANDEZ, VICTOR
Address: P.O. BOX 17256
City-St-Zip: WES PALM BEACH, FL 33416 US

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: MIGUEL (MIKE) A. RIOS P 02/05/2004

Electronic Signature of Signing Officer or Director — Date