


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-09-2004 90004 048 ****61.25

DOCUMENT # N03000009810

1. Entity Name
HISPANIC CHRISTIAN CHAMBER OF COMMERCE, INC.




Principal Place of Business
**7950 NW 155 ST, SUITE 207
 MIAMI LAKES, FL 33016**

Mailing Address
**7950 NW 155 ST, SUITE 207
 MIAMI LAKES, FL 33016**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

66432386



08042004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0690691

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

6. Name and Address of Current Registered Agent
**DIEGUEZ, ANTHONY J D
 7950 NW 155 ST STE 207
 MIAMI, FL 33016**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$81.25 Due by September 8, 2004

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 D	<input checked="" type="checkbox"/> Delete NAME MIRET, PABLO STREET ADDRESS 2001 W 70 ST CITY-ST-ZIP HALEAH, FL 33016	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOE FRUNA STREET ADDRESS 10950 SW 88 ST. CITY-ST-ZIP MIAMI, FL 33176
TITLE D	<input checked="" type="checkbox"/> Delete NAME DIEGUEZ, ANTHONY STREET ADDRESS 7950 NW 155 ST STE 207 CITY-ST-ZIP MIAMI LAKES, FL 33016	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MARK E. ROBLEDO STREET ADDRESS 9835 SW 80 DRIVE CITY-ST-ZIP MIAMI, FL 33173
TITLE D	<input type="checkbox"/> Delete NAME ALVAREZ, VALENTIN STREET ADDRESS 3400 SW 76TH AVENUE CITY-ST-ZIP MIAMI, FL 33155	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Delete NAME HERNANDEZ, RENE A STREET ADDRESS 9130 S DADELAND BLVD STE 1623 CITY-ST-ZIP MIAMI, FL 33156	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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 or other like empowerment.

SIGNATURE: *Rene Hernandez CA* **8/6/04** (305) 670-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #