

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004958

FILED
Apr 17, 2005
Secretary of State

Entity Name: HISPANIC COUNCIL FOR ALZHEIMER, INC.

Current Principal Place of Business:

2001 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2001 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, CARMEN M
121 GOLDEN ISLES DRIVE
#PH-2
HALLANDALE BEACH, FL 33009 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: MARTINEZ, MARI
Address: 2001 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: LEON, CARMEN M
Address: 121 GOLDEN ISLES DRIVE, #PH-2
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: SECY () Delete
Name: CRUZ, ELODIA
Address: 3400 S.W. 105 CT.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARI MARTINEZ

P

04/17/2005

Electronic Signature of Signing Officer or Director

Date