

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010147

FILED
Apr 30, 2007
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF HISPANIC REAL ESTATE PROFESSIONALS, TAMPA BAY, INC.

Current Principal Place of Business:

6281 A WEST WATERS AVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152165
TAMPA, FL 33684

New Mailing Address:

FEI Number: 02-0732849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROIG, RICARDO A
4023 N. ARMENIA AVE STE 400
TAMPA, FL 33607 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, ALMA P
Address: 3101 N. PINEWAY DR.
City-St-Zip: PLANT CITY, FL 33668

Title: VP () Delete
Name: MARTINEZ, ALMA P
Address: 3101 N. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33668

Title: T () Delete
Name: ANTUNEZ, WANDA
Address: 1321 HIGHLAND ST N.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: MAXIE, CINDY
Address: 5635 COLD CREEK DR.
City-St-Zip: VALRICO, FL 33594

Title: CO () Delete
Name: FERENCHIK, JOHN D
Address: 13814 EGRET LANE
City-St-Zip: CLEARWATER, FL 33762

Title: VP (X) Delete
Name: MEDINA, DAVID
Address: 6281 A WEST WATERS AVE.
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEDINA, DAVID
Address: 6281 A WEST WATERS AVE
City-St-Zip: TAMPA, FL 33634

Title: VP (X) Change () Addition
Name: SAURI, RITA P
Address: 6281 A WEST WATERS AVE.
City-St-Zip: TAMPA, FL 33634

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

Title: S (X) Change () Addition
Name: VAZQUEZ-SULL, YOLANDA
Address: 6281 A WEST WATERS AVE.
City-St-Zip: TAMPA, FL 33634

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 exemption stated 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 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: WANDA ANTUNEZ

Electronic Signature of Signing Officer or Director

T

04/30/2007

Date