


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90157 030 ****70.00

DOCUMENT # N05000000495

1. Entity Name
RED HISPANA FLORIDA INC.



Principal Place of Business
1750 NE 38 STREET
#A
OAKLAND PARK, FL 33334

Mailing Address
1750 NE 38 STREET
#A
OAKLAND PARK, FL 33334

2. Principal Place of Business
ARTSERVE BUSINESS CENTER

3. Mailing Address
PO BOX 23384

Suite, Apt. #, etc.
1350 E. SUNRISE BLVD #115

City & State
FT LAUDERDALE, FL

City & State
FT. LAUDERDALE FL

Zip
33304

Country
VSA

Zip
33307

Country
VSA

4. FEI Number
83-0390786

Applied For
 Not Applicable

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

03022006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

PERIGNY, JAMES W - W. JAMES
1750 NE 38 STREET
OAKLAND PARK, FL 33334

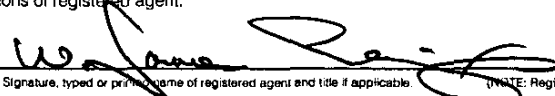
7. Name and Address of New Registered Agent

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 **3/6/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

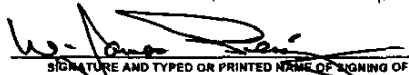
Filing Fee is **\$61.25** Due by **May 1, 2006**

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 CEO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERIGNY, W. JAMES		NAME	
STREET ADDRESS 1750 NE 38 STREET		STREET ADDRESS	
CITY - ST - ZIP OAKLAND PARK, FL 33334		CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APONTE, FULGENCIO		NAME	
STREET ADDRESS 1750 NE 38 STREET		STREET ADDRESS	
CITY - ST - ZIP OAKLAND PARK, FL 33334		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME DR. JUAN RONDON	
STREET ADDRESS		STREET ADDRESS 2261 N. UNIVERSITY DRIVE #201	
CITY - ST - ZIP		CITY - ST - ZIP PEMA BROKE PINES, FL 33024	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME DR JULIO LLAMO	
STREET ADDRESS		STREET ADDRESS 6565 TAFT ST #401	
CITY - ST - ZIP		CITY - ST - ZIP HOLLYWOOD, FL 33024	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME KEITH GELMAN	
STREET ADDRESS		STREET ADDRESS 1775 N. ANDREWS AVE	
CITY - ST - ZIP		CITY - ST - ZIP FT LAUDERDALE FL 33311-4813	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:  **W. JAMES PERIGNY, CEO** DATE **3/06/06** DAYTIME PHONE # **954-817-1787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #