

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 01, 2006
Secretary of State**

DOCUMENT# N05000009510

Entity Name: THE PUERTO RICAN ASSOCIATION FOR HISPANIC AFFAIRS INC.**Current Principal Place of Business:**6547 NW CHUGWATER CIR
PORT ST LUCIE, FL 34983**New Principal Place of Business:****Current Mailing Address:**PO BOX 8824
PORT ST LUCIE, FL 34985**New Mailing Address:**

FEI Number: 42-1649290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROLDAN, ROBERT
6547 NW CHUGWATER CIR
PORT ST LUCIE, FL 34983 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: ROLDAN, ROBERT
Address: PO BOX 8824
City-St-Zip: PORT ST LUCIE, FL 34985Title: V () Delete
Name: BURKE, JACQUELENE N
Address: PO BOX 8824
City-St-Zip: PORT ST LUCIE, FL 34985Title: S () Delete
Name: RIVERA, MARGIE
Address: 1258 SE VESTRIDGE LANE
City-St-Zip: PORT ST LUCIE, FL 34952Title: T () Delete
Name: MESIAS, LOURDES
Address: 312 SW DUVAL AVE
City-St-Zip: PORT ST LUCIE, FL 34983Title: D (X) Delete
Name: CASTRO, JOE
Address: 2199 SE ABCOR RD
City-St-Zip: PORT ST LUCIE, FL 34952Title: D (X) Delete
Name: ALLENDE, ALEX
Address: 6444 NW VOLUCIA DR
City-St-Zip: PORT ST LUCIE, FL 34986**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: CRUZ, ELBA
Address: 1961 SW CERTOSA RD
City-St-Zip: PORT ST LUCIE, FL 34953Title: () 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 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: ROBERT ROLDAN

P

10/01/2006

Electronic Signature of Signing Officer or Director_____
Date