2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
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 (X)**

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 34985

Title: V ( ) Delete
Name: BURKE, JACQUELENE N
Address: PO BOX 8824
City-St-Zip: PORT ST LUCIE, FL 34985

Title: S ( ) Delete
Name: CRUZ, ELBA
Address: 1961 SW CERTOSA RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T ( ) Delete
Name: MESIAS, LOURDES
Address: 312 SW DUVAL AVE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ROLDAN, ROBERT
Address: PO BOX 8824
City-St-Zip: PORT ST LUCIE, FL 34985

Title: P (X) Change ( ) Addition
Name: BURKE, JACQUELENE N
Address: PO BOX 8824
City-St-Zip: PORT ST LUCIE, FL 34985

Title: T (X) Change ( ) Addition
Name: RIVERA, STEVE
Address: 1647 HARBOUR ISLES CIR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S (X) Change ( ) Addition
Name: MESIAS, LOURDES
Address: 266 SW PANTHER TRACE
City-St-Zip: PORT ST LUCIE, FL 34953

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: JACQUELENE BURKE P 02/20/2007

Electronic Signature of Signing Officer or Director — Date