

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011157

1. Entity Name
SUNCOAST HISPANIC CHAMBER OF COMMERCE, INC.



Principal Place of Business
**355 W. VENICE AVE.
VENICE, FL 34285**

Mailing Address
**355 W. VENICE AVE.
VENICE, FL 34285**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3202791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALARZA, WILLIAM
355 W. VENICE AVE.
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating)

1/3/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALARZA, WILLIAM 355 W. VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, WENDY 4341 MARALDO AVE. N. PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARENGA, CESAR 307 W. VENICE AVE. VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80044-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2007 991-488-4700
Date Daytime Phone #