2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011476

FILED Apr 30, 2008 Secretary of State

Entity Name: THE PUERTO RICAN/HISPANIC CHAMBER OF COMMERCE FOR PALM BEACH FLORIDA, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
16735 88TH ROAD N LOXAHATCHEE, FL 33470 Current Mailing Address:				1712 PARKWAY COURT GREENACRES, FL 33413 New Mailing Address:	
			New Maili		
16735 88TH ROAD N LOXAHATCHEE, FL 33470				1712 PARKWAY COURT GREENACRES, FL 33413	
FEI Number	: 41-2190739	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
16735 88Ť LOXAHAT The above	SANTOS O TH ROAD N CHEE, FL 33 named entity of Florida.		ourpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (ARROYO, SAI 16735 88TH R LOXAHATCHE	OAD N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NIEVES, FRAI 7321 TAYLOR HOLLYWOOD	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CASAINE, SEI 13 MEADOWS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition ROMAN, SAMUEL 1712 PARKWAY COURT GREENACRES, FL 33413	
Title:	() Delete	Title: Name: Address:	D () Change (X) Addition GONZALEZ, LUIS 17584 33RD RD N	

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: SANTOS ARROYO P 04/30/2008