2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2009
Secretary of State

DOCUMENT# N06000001337

Entity Name: HISPANIC YOUNG PROFESSIONALS AND ENTREPRENEURS, INC.

Current Principal Place of Business:

114 S FREMONT AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 349
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 01-0859440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANCHEZ, GILBERTO E ESQ.
114 S FREMONT AVE
TAMPA, FL 33606 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: D ( ) Delete
Name: ELISALDE, MARIA E
Address: 611 ISLAND PLACE WAY
City-St-Zip: TAMPA, FL 33602 US

Title: DS ( ) Delete
Name: PALACIOS, PAUL
Address: P O BOX 21106
City-St-Zip: TAMPA, FL 33622 US

Title: DC ( ) Delete
Name: MOREJON, ANA
Address: 3105 WATERS AVE., STE. 107
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANCHEZ, GILBERTO E
Address: PO BOX 349
City-St-Zip: TAMPA, FL 33601

Title: D (X) Change ( ) Addition
Name: ELISALDE, MARIA E
Address: 611 ISLAND PLACE WAY
City-St-Zip: TAMPA, FL 33602 US

Title: D (X) Change ( ) Addition
Name: TRIGO, ALICIA
Address: PO BOX 349
City-St-Zip: TAMPA, FL 33601

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: GILBERTO E. SANCHEZ PD 09/05/2009

Electronic Signature of Signing Officer or Director — Date