2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# N06000002734

Entity Name: THE PUERTO RICAN / HISPANIC CHAMBER OF COMMERCE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1826 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1826 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

RIVERA, JASON
1826 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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: RIVERA, JASON
Address: 1826 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V ( ) Delete
Name: MERCADO, EDDIE
Address: 3551 NW TREASURE COAST DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S ( ) Delete
Name: NURSE, CHRISTINE
Address: 832 SW MONICA STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) 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 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: JASON RIVERA P 09/06/2007

Electronic Signature of Signing Officer or Director — Date