## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002734

FILED May 01, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1826 S.E. PORT ST. LUCIE BLVD. 850 NW FEDERAL HWY ONE

PORT ST. LUCIE, FL 34952 SUITE 172

STUART, FL 34994

Current Mailing Address: New Mailing Address:

1826 S.E. PORT ST. LUCIE BLVD. PO BOX 9117

PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34985

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: Name and Address of New Registered Agent:

RIVERA, JASON RODRIGUEZ, ROBERT 1826 S.E. PORT ST. LUCIE BLVD. 2741 SW PIERSON RD

PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34953 US

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: ROBERT RODRIGUEZ 05/01/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 RIVERA, JASON
 Name:
 RODRIGUEZ, ROBERT

 Address:
 1826 SE PORT ST. LUCIE BLVD
 Address:
 2741 SW PIERSON RD

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 City-St-Zip:
 PORT ST. LUCIE, FL 34953

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MERCADO, EDDIE
 Name:

 Address:
 3551 NW TREASURE COAST DRIVE
 Address:

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 NURSE, CHRISTINE
 Name:

 Address:
 832 SW MONICA STREET
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34953
 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: ROBERT RODRIGUEZ P 05/01/2008