

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004819

FILED
May 10, 2007
Secretary of State

Entity Name: HISPANOS UNIDOS DE AMERICA, INC.

Current Principal Place of Business:

198 N. SPRING GARDEN AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

198 N. SPRING GARDEN AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-4810787 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

NAVA, ANTONIO
811 S. MASSACHUSETTS AVE.
DELAND, FL 32720 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NAVA, ANTONIO
Address: 811 S. MASSACHUSETTS AVE.
City-St-Zip: DELAND, FL 32720

Title: VP () Delete
Name: RAMIREZ, LUCIO
Address: 100 STARDUST WAY
City-St-Zip: DELAND, FL 32720

Title: SEC () Delete
Name: BRAVO, HUGO
Address: 807 W. RICH AVE.
City-St-Zip: DELAND, FL 32720

Title: TRS () Delete
Name: UGARTE, NOE
Address: 840 S. MONTGOMERY AVE.
City-St-Zip: DELAND, FL 32720

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:

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: ANTONIO NAVA

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date