

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2008
Secretary of State**

DOCUMENT# N06000006739

Entity Name: HISPANIC AMERICAN CHAMBER OF COMMERCE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

6547 NW CHUGWATER CIR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

PO BOX 8824
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 61-1506329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROLDAN, ROBERT
6547 NW CHUGWATER CIR
PORT ST. LUCIE, FL 34983 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: ROLDAN, ROBERT
Address: 6547 NW CHUGWATER CIR
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP () Delete
Name: BURKE, JACQUELENE N
Address: 6547 NW CHUGWATER CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T (X) Delete
Name: RIVERA, STEVE
Address: 1647 HARBOUR ISLES CIR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S (X) Delete
Name: MESIAS, LOURDES
Address: 266 SW PANTHER TRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D (X) Delete
Name: EDWARDS, MICHAEL
Address: 10024 S FEDERAL HWY
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D (X) Delete
Name: TORRES, JOSE
Address: 2461 SW MONTEREY LN
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:

Title: () Change () Addition
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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: ROBERT ROLDAN

P

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date