

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009808

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HISPANIC SAFETY INITIATIVE, INC

## Current Principal Place of Business:

508 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

30 SKYLINE DR  
2000  
LAKE MARY, FL 327466211 US

## Current Mailing Address:

PO BOX 620096  
OVIEDO, FL 327620096

## New Mailing Address:

FEI Number: 26-1194669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRELL, KENIA J  
508 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

HARRELL, KENIA J  
24200 ADAIR AVE  
SORRENTO, FL 327769401 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:

04/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARRELL, KENIA J  
Address: 508 SAN SEBASTIAN PRADO  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: LOSADA, HENRIQUE  
Address: 2510 DOUBLE TREE PLACE  
City-St-Zip: OVIEDO, FL 32766

Title: S ( ) Delete  
Name: CALDERON, CARMEN I  
Address: 1452 MARGARET CRESET DR  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARRELL, KENIA J  
Address: 24200 ADAIR AVE  
City-St-Zip: SORRENTO, FL 327769401 US

Title: VP (X) Change ( ) Addition  
Name: LOSADA, HENRIQUE J  
Address: 2510 DOUBLE TREE PL  
City-St-Zip: OVIEDO, FL 327667073 US

Title: S (X) Change ( ) Addition  
Name: CALDERON, CARMEN I  
Address: 1452 MARGARETE CRESCENT DR  
City-St-Zip: APOPKA, FL 327031503 US

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: HENRIQUE J. LOSADA

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date