

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002611

FILED
Mar 17, 2011
Secretary of State

Entity Name: COALITION OF HISPANIC ARTISTS INC.

Current Principal Place of Business:

3002 W. PRICE AVE.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

P.O BOX 152324
TAMPA, FL 33684

New Mailing Address:

FEI Number: 26-2513784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, PATRICIA ESQ
1703 TAMPA ST.
SUITE # 4
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOMEZ, PATRICIA ESQ
5007 LANDSMAND AVE.
TAMPA, FL 33625 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:

03/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SOTO FRASSICA, DAMARIS E
Address: 3002 W. PRICE AVE.
City-St-Zip: TAMPA, FL 33611

Title: V.P.
Name: NAGY STICKNEY, ARMIDA
Address: 3310 LAKE PADGETT DR.
City-St-Zip: LAND O' LAKES, FL 34639

Title: V.P.
Name: MERCADO, AGUSTIN
Address: 15833 SPRING CREST CR.
City-St-Zip: TAMPA, FL 33624

Title: TREA
Name: MARTINEZ -DROVIE, MARY
Address: 3215 PINE FOREST DR.
City-St-Zip: PALM HARBOR, FL 33684

Title: SEC.
Name: MATIAS, MAGDALENA
Address: 10619 FAIRFIELD VILLAGE
City-St-Zip: TAMPA, FL 33624

Title: D
Name: NEGRON, AGUSTIN DIR
Address: 10619 FAIRFIELD VILLAGE
City-St-Zip: TAMPA, FL 34624

I hereby 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 all other like empowered.

SIGNATURE: DAMARIS SOTO FRASSICA

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date