2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003254

Entity Name: CONSEJO HISPANO-AMERICANO ORG INC

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

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

5260 LAKE VILLAGE DR 5203 23RD ST W

BRADENTON, FL 34207 SARASOTA, FL 34235

New Mailing Address: Current Mailing Address:

5260 LAKE VILLAGE DR 5203 23RD ST W

BRADENTON, FL 34207

SARASOTA, FL 34235

FEI Number: 26-2351048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLIN, LORENA COLIN, LORENA 5203 23RD ST W 5260 LAKE VILLAGE DR

BRADENTON, FL 34207 US

SARASOTA, FL 34235 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: LORENA COLIN 01/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

COLIN, LORENA COLIN, LORENA Name: Name: 5260 LAKE VILLAGE DR Address: 5203 23RD ST W Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: BRADENTON, FL 34207

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

Name: COLIN, ADRIAN Name: COLIN, ALELI Address: 3661 MERIDEN AVE Address: 5203 23RD ST W City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: BRADENTON, FL 34207

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

COLIN, ANDRES Name: RAYL, PAOLA Name: 3203 HUNTINGTON PLACE DR Address: Address: 5203 23RD ST W City-St-Zip: SARASOTA, FL 34237 City-St-Zip: BRADENTON, FL 34207

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: LORENA COLIN Ρ 01/16/2009