

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N33141 1. Entity Name HISPANIC THEATER GUILD CORPORATION	
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Principal Place of Business 2101 SW 8 ST MIAMI, FL 33135	Mailing Address PO BOX 141452 MIAMI, FL 33114-1452 US
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DO NOT WRITE IN THIS SPACE



04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0131464	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTELL, PEDRO, PA
717 PONCE DE LEON BLVD
#319
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

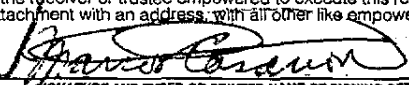
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOMEZ, MARIA ELENA 7234 SW 122 PLACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASANOVA, MARCOS 5034 SW 140 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, RAMON 3102 GRANADA BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTELL, PEDRO 717 PONCE DE LEON BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELLON, ALBERT 9400 SW 100ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000361860
05/05/05-80093-011 8.75

U00000361860
05/05/05-80093-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/25/05** **786 8974316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #