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

Principal Place of Business	Mailing Address
2101 SW 8 ST MIAMI, FL 33135	PO BOX 141452 MIAMI, FL 33114-1452 US

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000361860
05/05/05-80093-011 8.75

U00000361860
05/05/05-80093-012 61.25

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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: _____ 4/28/05 786 5974316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #