

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33141

FILED
Apr 13, 2006
Secretary of State

Entity Name: HISPANIC THEATER GUILD CORPORATION

Current Principal Place of Business:

2101 SW 8 ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

PO BOX 141452
MIAMI, FL 331141452 US

New Mailing Address:

FEI Number: 65-0131464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GOMEZ, MARIA ELENA
Address: 7234 SW 122 PLACE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: CASANOVA, MARCOS,
Address: 5034 SW 140 CT.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: SANCHEZ, RAMON,
Address: 3102 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: MARTELL, PEDRO,
Address: 717 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: CASTELLON, ALBERT
Address: 9400 SW 100ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA ELENA GOMEZ

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04/13/2006

Electronic Signature of Signing Officer or Director

Date