
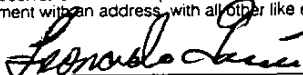


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 020 ****61.25

DOCUMENT # N35011					
1. Entity Name SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.					
Principal Place of Business 10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919			Mailing Address 10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0154409	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, LEONARDO 13222 GREYWOOD CIRCLE FORT MYERS, FL 33912			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULBERTSON, VERONICA	NAME			
STREET ADDRESS	14021 METROPOLIS	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP			
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VANHOOK, JEROME	NAME	DV		
STREET ADDRESS	222 INDUSTRIAL BLVD. #139	STREET ADDRESS	RODOLFO ERNESTO		
CITY-ST-ZIP	NAPLES, FL 34101	CITY-ST-ZIP	123 OAKSIDE ST		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISH, DARLENE	NAME			
STREET ADDRESS	4909 SW 18TH AVE	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASAK, SILVIA	NAME			
STREET ADDRESS	620 SE 29TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANCHEZ, JOSE R	NAME	DV FINANCE		
STREET ADDRESS	1820 COLONIAL BLVD	STREET ADDRESS	MARIO JUAREZ		
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	6258 Presidential Ct suite # 106		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03082006 Chg-NP CR2E037 (11/05)