2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90099 027 ****61.25

DOCUMENT # N35011

1. Entity Name
SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919	10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0154409 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAME CULBERTSON, VERONICA STREET ADDRESS 209 SW 8TH STREET CITY-ST-ZIP CAPE CORAL, FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME CORTES, ELIZABETH STREET ADDRESS 3703 SE 18TH AVENUE CITY-ST-ZIP CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DT NAME WELCH, DARLENE STREET ADDRESS 4909 SW 18TH AVE CITY-ST-ZIP CAPE CORAL, FL 33914	☒ Delete	TITLE DT NAME NELSON NIEVES STREET ADDRESS 3511 N ROAD CITY-ST-ZIP N FORT MYERS, FL 33917	☐ Change ☑ Addition
TITLE DS NAME HASAK, SILVIA STREET ADDRESS 620 SE 29TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33904	☒ Delete	TITLE DS NAME ADA DOERING STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP FORT MYERS, FL 33901	☐ Change ☑ Addition
TITLE DV NAME FLORES, CHARLIE STREET ADDRESS 1423 TREDEGAR DRIVE CITY-ST-ZIP FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME JUAREZ, MARIO STREET ADDRESS 6258 PRESIDENTIAL CT. STE. 106 CITY-ST-ZIP FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS 6258 Presidential CT SUITE 102 CITY-ST-ZIP FORT MYERS, FL 33919	☒ Change ☐ Addition

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: _____ 1/8/2008 (239) 416-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #