

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90037 044 \*\*\*\*61.25

<b>DOCUMENT # N38130</b> 1. Entity Name <b>PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.</b>					
Principal Place of Business 312 9TH ST WEST PALM BEACH, FL 33401 US				Mailing Address 312 9TH ST WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business PO BOX 11138 Suite, Apt. #, etc.				3. Mailing Address PO BOX 1138 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL				City & State WEST PALM BEACH, FL	
Zip 33402		Country USA		4. FEI Number 65-0196935	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FRANKS, RAE C MS. 312 9TH ST WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name JORGE A. ANTON Street Address (P.O. Box Number is Not Acceptable) 423 FERN ST., STE 200 City WEST PALM BEACH FL Zip Code 33401	
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: <u>JORGE A. ANTON, PRESIDENT</u> DATE: <u>2-15-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P FRANKS, RAE C MS. 312 9TH ST WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTON, JORGE A. 423 FERN ST. STE 200, WPB, FL 33402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARACH, MANNY 1645 PALM BEACH LAKES BLVD #12 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESTERO, JORGE 1800 AUSTRALIAN AVE S #203 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT ACOSTA-CASTRIZ, MIRIAM 1201 US HWY.1, STE. 205, NPB, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, EDDIE 625 W FLAGLER DR #700 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WISCOVITCH-RENTAS, NOREEN 1665 PALM BEACH LAKES BLVD., STE 1000 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETILLO, MARINA 1201 US HWY ONE #435 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARIANO 1801 CENTREPARK DRIVE EAST, STE. 200 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GARCIA, MARIANO 2328 10th AVE NORTH, STE 600, LAKE WORTH FL, 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: <u>JORGE A. ANTON</u> DATE: <u>2/15/04</u> DAYTIME PHONE: <u>561-655-8944</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					