

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38295

FILED
Aug 09, 2006
Secretary of State

Entity Name: HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 152344
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

P O BOX 152344
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3018810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAVARRIA, ROSA
3910 NORTHDAL BLVD
101
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

TAMARGO, DEBORAH
10401 OAKBROOK DRIVE
TAMPA, FL 33618 US

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: DEBORAH TAMARGO

08/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAVARRIA, ROSA
Address: 3910 NORTHDAL BLVD; SUITE 100
City-St-Zip: TAMPA, FL 33624

Title: PPD () Delete
Name: MENDOZA, ANA MARIA
Address: 5004 KEPFER WAY
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: RAMOS, PATRICIA
Address: 1213 E. 6TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: VP () Delete
Name: MEDRANO, LYDIA
Address: 10759 GLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: IACONO, MARITZA N
Address: 4437 W. BAY COURT AVENUE
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAMARGO, DEBORAH
Address: 10401 OAKBROOK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: PPD (X) Change () Addition
Name: QUINTELA, ROSA
Address: PO BOX 340254
City-St-Zip: TAMPA, FL 33694

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

Title: VP (X) Change () Addition
Name: PITA, MARCIA DR.
Address: 1107 W. CORAL STREET
City-St-Zip: TAMPA, FL 33602

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

Title: PED () Change (X) Addition
Name: COSTAS, LISA DR.
Address: 312 FOREST BREEZE AVENUE
City-St-Zip: BRANDON, FL 33511

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: MARITZA NIEVES IACONO

TD

08/09/2006

Electronic Signature of Signing Officer or Director

Date