## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

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DOCUMENT # N44020  1. Entity Name HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.					04-30-2004 90337 035 ****61.2					
Principal Place 319 N MAGN ORLANDO, FI	<del>iolia a</del> ve	Mailing Address 3 <del>19 N MAGNOLIA AVE</del> ORLANDO, FL 32801	US		I IBBMB BH	<b>2</b> 1871 81811 88118 (18)1		Billi Bili þir	::::::::::::::::::::::::::::::::::::::	
2. Principal P	Robinson St.	3. Mailing Address 315 E. Robins	on St.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc. ໂຕບ			04212004	Chg-NP	CR2E03			
City & State		Orlando A			4. FEI Numbe 59-3100			<del></del>	oplied For ot Applicable	
3230	Country	32801	Country		5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent		
MARTINEZ, HECTOR L										
1640 LEE			Street Address (F			P.O. Box Number is Not Acceptable)				
									}	
		•	City		•		FL	Zip Cod	е	
	named entity submits this statement for	or the purpose of changing its re	egistered office o	r registere	ed agent, or bot	h, in the State of	Florida. I am fa	amiliar with,	and accept	
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SIGNATURE .		and the Konniforming (NIOTE)								
	Signature, typed or printed name of registered agent				Acres de la contraction de					
·		and tille if applicable. (NO1E: )	Registered Agent signal	ure required	when reinstating)	I section at the	DATE			
	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May B		Make check orida Departi			
.10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees		Make check orida Departi	ment of S	tate *	
-10.	OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ntribution.	□ A	\$5.00 May Br Added to Fees	ANGES TO OFFIC	Make check orida Departi CERS AND DIR	ment of S	tate *	
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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 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 embowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR-

4/27/04 401-629-1944 Date Dayline Phone #