

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90337 035 *****61.25

DOCUMENT # N44020

1. Entity Name
**HISPANIC CHAMBER OF COMMERCE OF CENTRAL
FLORIDA, INC.**



Principal Place of Business

**319 N MAGNOLIA AVE
ORLANDO, FL 32801 US**

Mailing Address

**319 N MAGNOLIA AVE
ORLANDO, FL 32801 US**

2. Principal Place of Business

315 E. Robinson St.

3. Mailing Address

315 E. Robinson St.

Suite, Apt. #, etc.

190

Suite, Apt. #, etc.

190

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

Orange

Zip

32801

Country

Orange

04212004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3103840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, HECTOR L
1640 LEE ROAD
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE: VC-D
NAME: VALARINO, LIZETTE
STREET ADDRESS: 201 S. ROSALIND AVE, 5TH FLOOR
CITY-ST-ZIP: ORLANDO, FL 32801 ☒ Delete

TITLE: CED
NAME: GARCIA, MARIO
STREET ADDRESS: 107 E. HILLCREST ST.
CITY-ST-ZIP: ORLANDO, FL 32801 ☒ Delete

TITLE: SD
NAME: CUBILLOS, AILEEN
STREET ADDRESS: 200 N. LAKEMONT AVE.
CITY-ST-ZIP: WINTER PARK, FL 32792 ☒ Delete

TITLE: CD
NAME: NOHRA, MAY
STREET ADDRESS: 10601 W. COLONIAL DRIVE
CITY-ST-ZIP: ORLANDO, FL 32804 ☒ Delete

TITLE: TD
NAME: FARNER, CECILIA
STREET ADDRESS: 1400 W. FAIRBANKS AVE., STE 102
CITY-ST-ZIP: WINTER PARK, FL 32789 ☐ Delete

TITLE: LA
NAME: ARISTIDES, DIAZ
STREET ADDRESS: 425 W. COLONIAL DR., STE 206
CITY-ST-ZIP: ORLANDO, FL 32804 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Chair
NAME: Millie Irizarry
STREET ADDRESS: 107 E. Hillcrest St.
CITY-ST-ZIP: Orlando, FL 32801 ☒ Change ☐ Addition

TITLE: VC
NAME: Jose Estorino
STREET ADDRESS: 4700 Forum Dr., Ste. 100
CITY-ST-ZIP: Orlando, FL 32821 ☐ Change ☒ Addition

TITLE: SD
NAME: Iris Diaz
STREET ADDRESS: 11200 S. O. B. T.
CITY-ST-ZIP: Orlando, FL 32837 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 407-629-1944