2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44020

FILED Mar 10, 2009 Secretary of State

Entity Name: HISPANIC CHAMBER OF COMMERCE OF METRO ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business: 315 E. ROBINSON ST SUITE 465 ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** 315 E. ROBINSON ST SUITE 465 ORLANDO, FL 32801 US FEI Number: 59-3103840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OJEDA, RAMON A 315 E. ROBINSON STREET SUITE 465 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete AILEEN, CUBILLOS CARLOS, COLOMBO M Name: Name: 2400 BEDFORD ROAD, 2ND FLOOR Address: 5555 E. MICHIGAN ST, SUITE 100 Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32822 Title: VC () Delete Title: (X) Change () Addition COLOMBO, CARLOS Name: TIRADO-CHIODINI, YASMIN Name: Address: 5555 E. MICHIGAN ST. SUITE 100 Address: 5555 E. P.O. BOX 622249 City-St-Zip: ORLANDO, FL 32822 City-St-Zip: OVIEDO, FL 32762 Title: () Delete Title: () Change () Addition HELEN, DONEGAN Name: Name: 36 W. PINE STREET, SUITE 106 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: AVILES, ANGEL M Name: 719 PEACHTREE ROAD Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: LD (X) Change () Addition TIRADO-CHIODINI, YASMIN Name: Name: SILZER, SCOT A P.O. BOX 622249 1277 N. SEMORAN BLVD. SUITE 106 Address: Address: City-St-Zip: OVIEDO, FL 32762 City-St-Zip: ORLANDO, FL 32807 Title: () Delete Title: () Change () Addition OJEDA, RAMON A Name: Name: Address: 315 E. ROBINSON STREET, SUITE 465 Address: ORLANDO, FL 32801 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAMON A. OJEDA PRES 03/10/2009