2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N46368

1. Entity Name
HISPANIC BUSINESS INITIATIVE FUND-WEST COAST, INC.

Principal Place of Business	Mailing Address
1101 CHANNELSIDE DRIVE SUITE 238 TAMPA, FL 33602 US	1101 CHANNELSIDE DRIVE SUITE 238 TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3130876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, VANESSA ESQ
1110 NO. FLORIDA AVENUE
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ALONSO, RAMON E
STREET ADDRESS	1101 CHANNELSIDE DR
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DT
NAME	LOPEZ, MARK A
STREET ADDRESS	4600 WEST CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	CW
NAME	COHN, VANESSA ESQ
STREET ADDRESS	705 W AZEELE ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DV
NAME	HALE, MERCEDES
STREET ADDRESS	401 E JACKSON ST 20TH FLOOR
CITY-ST-ZIP	TAMPA, FL 336013303
TITLE	D
NAME	VELASQUEZ, ALEC
STREET ADDRESS	813 WEST PLATT STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	RAMIREZ, PORFIRIA
STREET ADDRESS	3308 PAXTON AVENUE
CITY-ST-ZIP	TAMPA, FL 33611

U00000355271
05/03/05-80141-002 61.25

DO NOT WRITE IN THIS SPACE

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: Ramon E Alonso Pres. RAMON E. ALONSO 4-27-05 (813) 864-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #