

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90161 015 ****61.25

DOCUMENT # N46368

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



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

Mailing Address
**1101 CHANNELSIDE DRIVE
SUITE 238
TAMPA, FL 33602 US**

40025986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006 Chg-NP CR2E037 (11/05)

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**

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, 2006**

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 PS ☒ Delete
NAME ALONSO, RAMON E
STREET ADDRESS 1101 CHANNELSIDE DR
CITY-ST-ZIP TAMPA, FL 33602

TITLE DT ☐ Delete
NAME LOPEZ, MARK A
STREET ADDRESS 4600 WEST CYPRESS STREET
CITY-ST-ZIP TAMPA, FL 33601

TITLE CW ☐ Delete
NAME COHN, VANESSA ESQ
STREET ADDRESS 705 W AZEELE ST
CITY-ST-ZIP TAMPA, FL 33606

TITLE DV ☒ Delete
NAME HALE, MERCEDES
STREET ADDRESS 401 E JACKSON ST 20TH FLOOR
CITY-ST-ZIP TAMPA, FL 336013303

TITLE D ☐ Delete
NAME VELASQUEZ, ALEC
STREET ADDRESS 813 WEST PLATT STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE D ☐ Delete
NAME RAMIREZ, PORFIRIA
STREET ADDRESS 3308 PAXTON AVENUE
CITY-ST-ZIP TAMPA, FL 33611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME ROSARIO, YANINA
STREET ADDRESS 7402 NW 56 ST. STE 425
CITY-ST-ZIP TAMPA, FL 33617

TITLE S ☐ Change ☒ Addition
NAME SANCHEZ, GILBERTO
STREET ADDRESS 1101 CHANNELSIDE DR. #238
CITY-ST-ZIP TAMPA, FL 33602

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/06

8139802765