
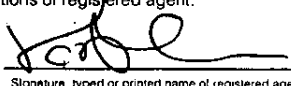



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3130876	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 COHN, VANESSA Street Address (P.O. Box Number is Not Acceptable) 302 KNIGHTS RUN Ave. STE - 1100 City TAMPA FL Zip Code 33602		
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 		VANESSA COHN, CHAIRWOMAN		3/1/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSARIO, YANINA 7402 N 56TH ST SUITE 425 TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOPEZ, MARK A 4600 WEST CYPRESS STREET TAMPA, FL 33601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CW COHN, VANESSA ESQ 705 W AZEELE ST TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, GILBERTO 1101 CHANNELSIDE DR #238 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, ALEC 813 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, PORFIRIA 3308 PAXTON AVENUE TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOPEZ, MARK A 612 SOUTH DALE MARY HWY. TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CW COHN, VANESSA 302 KNIGHTS RUN AVENUE, #1100 TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANCHEZ, GILBERTO 114 S. FREMONT AVE. TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERROJO, JOSE 612 S. DALE MARY HWY. TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GILBERTO SANCHEZ					
Date 3/1/07 Daytime Phone # 813-980-2765					

40031539



02232007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Name **COHN, VANESSA**
Street Address (P.O. Box Number is Not Acceptable) **302 KNIGHTS RUN Ave.**
STE - 1100
City **TAMPA** **FL** Zip Code **33602**

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  **VANESSA COHN, CHAIRWOMAN** **3/1/07**

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, 2007**

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	P	<input type="checkbox"/> Delete
NAME	ROSARIO, YANINA	
STREET ADDRESS	7402 N 56TH ST SUITE 425	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, MARK A	
STREET ADDRESS	4600 WEST CYPRESS STREET	
CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	CW	<input type="checkbox"/> Delete
NAME	COHN, VANESSA ESQ	
STREET ADDRESS	705 W AZEELE ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, GILBERTO	
STREET ADDRESS	1101 CHANNELSIDE DR #238	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELASQUEZ, ALEC	
STREET ADDRESS	813 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MARK A	
STREET ADDRESS	612 SOUTH DALE MARY HWY.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	CW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, VANESSA	
STREET ADDRESS	302 KNIGHTS RUN AVENUE, #1100	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, GILBERTO	
STREET ADDRESS	114 S. FREMONT AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERROJO, JOSE	
STREET ADDRESS	612 S. DALE MARY HWY.	
CITY-ST-ZIP	TAMPA, FL 33609	

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:  **GILBERTO SANCHEZ** **3/1/07** **813-980-2765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #