

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 002 ****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 #

7402 No. 56 STREET

Suite, Apt. #, etc.

Suite 425

City & State

TAMPA, FL

Zip

33617

Country

USA

3. Mailing Address

7402 No. 56 STREET

Suite, Apt. #, etc.

Suite 425

City & State

TAMPA, FL

Zip

33617

Country

USA

03262008

Chg-NP

CR2E037 (12/06)

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
302 KNIGHTS RUN AVE
STE 1100
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, 2008**

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 ☐ Delete
NAME **P**
STREET ADDRESS **ROSARIO, YANINA**
CITY-ST-ZIP **7402 N 56TH ST SUITE 425
TAMPA, FL 33617**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **LOPEZ, MARK A**
CITY-ST-ZIP **612 SOUTH DALE MABRY HWY
TAMPA, FL 33609**

TITLE ☒ Delete
NAME **CW**
STREET ADDRESS **COHN, VANESSA ESQ**
CITY-ST-ZIP **302 KNIGHTS RUN AVENUE, #1100
TAMPA, FL 33602**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **SANCHEZ, GILBERTO**
CITY-ST-ZIP **114 S FREMONT AVE
TAMPA, FL 33606**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BERROJO, JOSE**
CITY-ST-ZIP **612 S DALE MABRY HWY
TAMPA, FL 33609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **C**
STREET ADDRESS **LOPEZ, MARK A**
CITY-ST-ZIP **2302 SOUTH MACDILL AVE.
TAMPA, FL 33629**

TITLE ☐ Change ☒ Addition
NAME **DT**
STREET ADDRESS **BUDAT, DEBORAH**
CITY-ST-ZIP **1211 N. WESTSHORE BLVD. STE 106
TAMPA, FL 33607**

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

TITLE ☐ Change ☒ Addition
NAME **DVC**
STREET ADDRESS **MULLER, ERIC**
CITY-ST-ZIP **320 W. KENNEDY BLVD. STE 200
TAMPA, FL 33606**

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:

Y-R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YANINA ROSARIO, Pres. 3/28/08

Date

813 914-4028

Daytime Phone #