

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47289

FILED
Apr 26, 2007
Secretary of State

Entity Name: HISPANIC TRANSIT SOCIETY OF DADE COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 344246
HOMESTEAD, FL 33034

New Principal Place of Business:

6501 SOUTHWEST 139TH COURT
405
MIAMI, FL 33183

Current Mailing Address:

P.O. BOX 344246
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 63-0828100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, EDWARD
6501 SOUTHWEST 139TH COURT
405
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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:

Title: PR () Delete
Name: DIAZ, EDWARD PRES
Address: 6501SW139 COURT APT 405
City-St-Zip: MIAMI, FL 33183

Title: RS () Delete
Name: KOMT, CHARLES
Address: 3523 SW 65TH AVE
City-St-Zip: MIAMI, FL 33155

Title: TR () Delete
Name: TORRES, RICARDO
Address: 146-20SW 288TH STREET
City-St-Zip: HOMESTEAD, FL 33177

Title: RS () Delete
Name: ROSS, EDWARD
Address: 8428 NW 103RD STREET
City-St-Zip: MIAMI, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EDWARD DIAZ

P

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date