2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
07-07-2005 90005 020 ****70.00

DOCUMENT # N49404

1. Entity Name
HISPANIC AMERICAN BUSINESS ASSN. OF N. FL., INC.

Principal Place of Business	Mailing Address
5121 BOWDEN ROAD SUITE 103 JACKSONVILLE, FL 32216 US	5121 BOWDEN ROAD SUITE 103 JACKSONVILLE, FL 32216 US

07042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3125580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VARGAS, CLARK 5121 BOWDEN ROAD SUITE 103 JACKSONVILLE, FL 32216	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 _____ 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 September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARGAS, CLARK 5121 BOWDEN ROAD JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LEON, CARREREO 11200 ST JOHN INDUSTIAL PKWY STE 1 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEON Carrero 11200 St Johns Industrial Pkwy Ste1 Jacksonville FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PINA, JESSE 12369 BRIGHTON BAY TRAIL, N JACKSONVILLE, FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LARACUENTE-PEREZ, REBECCA PO BOX 24987 JACKSONVILLE, FL 32241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARSON, GISELLE 1200 RIVERPLACE BLVD. #800 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Rebecca Laracuente-Perez, Treasurer 904-472-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #