

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49404

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11181 ST. JOHNS INDUSTRIAL PARKWAY N  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 57972  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 59-3125580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRERO, LEON  
11181 ST. JOHNS INDUSTRIAL PARKWAY NORTH  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

LEON, CARRERO  
11181 ST. JOHNS INDUSTRIAL PARKWAY NORTH  
JACKSONVILLE, FL 32246 US

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: LEON CARRERO

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DD ( ) Delete  
Name: LEON, CARRERO  
Address: 11181 ST. JOHNS INDUSTRIAL PKWY NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: LOPEZ, JOSE  
Address: 1655 THE GREENS WAY 3322  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Delete  
Name: CARSON, GISELLE  
Address: 1200 RIVERPLACE BLVD. #800  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DD (X) Change ( ) Addition  
Name: CARSON, GISELLE  
Address: 1200 RIVERPLACE, STE 800  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change ( ) Addition  
Name: LOPEZ, JOSE  
Address: PO BOX 57972  
City-St-Zip: JACKSONVILLE, FL 32241

Title: S (X) Change ( ) Addition  
Name: ROSA -BROOKS, CARMEN  
Address: PO BOX 57972  
City-St-Zip: JACKSONVILLE, FL 32241

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: JOSE LOPEZ

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date