

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51416

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATION

**Current Principal Place of Business:**

900 SW 1ST STREET  
STE 300  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 654503  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 65-0365023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POMAR, ARMANDO V.  
7100 SW 99TH AVE  
STE 104  
MIAMI, FL 33173 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: CPD ( ) Delete  
Name: POMAR, ARMANDO V  
Address: 7100 SW 99TH AVE STE 104  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: ALVA, JULIO  
Address: 2441 SW 142 PL  
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete  
Name: POMAR, MALLORY A  
Address: 7100 SW 99TH AVE (#104)  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: ESPINOSA, ROLANDO  
Address: 130 SW 32 AVE  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: OSSCO, ANGEL  
Address: 9040 SW 97 AVE APT 6  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DE LA LUZ, ANTONIO  
Address: 14622 SW 52 STREET  
City-St-Zip: MIAMI, FL 33175

**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:

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 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: ARMANDO V POMAR

P

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date