

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51416

FILED
May 29, 2009
Secretary of State

Entity Name: HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATION

Current Principal Place of Business:

2001 BAY DRIVE
MIAMI, FL 33141

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POMAR, ARMANDO V.
2001 BAY DRIVE
MIAMI, FL 33141 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: 2001 BAY DRIVE
City-St-Zip: MIAMI, FL 33141

Title: TD () Delete
Name: CHAVEZ, ORLANDO
Address: 481 N.W. 31 AVE.
City-St-Zip: MIAMI, FL 33125

Title: VPD () Delete
Name: POMAR, MALLORY A
Address: 2001 BAY DRIVE
City-St-Zip: MIAMI, FL 33141

Title: VPD () Delete
Name: ABREU, MARTHA C
Address: 2001 BAY DRIVE
City-St-Zip: MIAMI, FL 33141

Title: SD () 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: SD (X) Change () Addition
Name: ABREU, MARTHA C
Address: 2001 BAY DRIVE
City-St-Zip: MIAMI, FL 33141

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

Title: VPD (X) Change () Addition
Name: DE LA LUZ, ANTONIO
Address: 14622 SW 52 STREET
City-St-Zip: MIAMI, FL 33175

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: ARMANDO V. POMAR

CPD

05/29/2009

Electronic Signature of Signing Officer or Director

Date