## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005654

FILED Apr 14, 2009 Secretary of State

Entity Name: THE HISPANIC ACTION SOCIETY INC.

Entity Nar	ne: THE HISE	PANIC ACTION SOCIETY, INC.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:	
9017 CAYN PENSACO	MAN LANE LA, FL 32506	US			
Current Mailing Address:			New Mailing	New Mailing Address:	
P O BOX 1 PENSACO	1931 LA, FL 32524	1931 US			
FEI Number: 59-3206033 FEI Number Applied For ( ) FE		FEI Number Not Applical	Certificate of Status Desired ( )		
Name and	Address of C	Surrent Registered Agent:	Name and Ad	ddress of New Registered Agent:	
4280 LAVA PENSACO		US	urpose of changing its r	registered office or registered agent, or both,	
SIGNATUF					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES () CALDER - LOP 9017 CAYMAN PENSACOLA, F	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () AVILA, ESTEVA PO BOX 188 PENSACOLA, F		Address: 42	P (X) Change ( ) Addition ANGILLO, MARIA R 280 LAVALLET CIRCLE ENSACOLA, FL 32504 US	
Title: Name: Address: City-St-Zip:	2VP (X) SANGILLO, MAI 4280 LAVALLE PENSACOLA, F	T CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MUDARRA, VEL 638 ELITE RD	Delete LYS L, FL 32507 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CALDER, CHRI 9017 CAYMAN		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MARIA R SANGILLO VP 04/14/2009