

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003654

FILED
Jan 09, 2008
Secretary of State

Entity Name: SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

301 ARTHUR GODFREY ROAD
STE 500
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

301 ARTHUR GODFREY ROAD
SUITE 500
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0511241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, LILIAM M
4200 ALTON ROAD
MIAMI BEACH, FL 33140 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: D () Delete
Name: ABRAMOVICH, ABRAHAM
Address: 1698 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: LAZARO, MARTINEZ
Address: 1680 MICHIGAN AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: C () Delete
Name: TRABANCO, ARMANDO
Address: 3001 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ROMERO, ORLANDO
Address: 2600 DOUGLAS ROAD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GONZALEZ-JACOBO, RAFAEL
Address: 3001 PONCE DE LEON BLVD.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: LOPEZ, LILIAM M
Address: 4200 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LAZARO, MARTINEZ
Address: 161 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change () Addition
Name: TRABANCO, ARMANDO
Address: 3001 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: C (X) Change () Addition
Name: LUIS, BOUE
Address: 3001 PONCE DE LEON BLVD., SUITE 211
City-St-Zip: CORAL GABLES, FL 33134

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 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: LILIAM M. LOPEZ

Electronic Signature of Signing Officer or Director

P

01/09/2008

Date