

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003654

FILED  
Jan 16, 2009  
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:

333 ARTHUR GODFREY ROAD  
STE 410  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

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

## New Mailing Address:

333 ARTHUR GODFREY ROAD  
SUITE 410  
MIAMI BEACH, FL 33140 US

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: 161 WESTWARD DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: GONZALEZ-JACOBO, RAFAEL  
Address: 782 N.W. 42 AVE.  
City-St-Zip: MIAMI, FL 33125

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

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date