


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N94000004288</b>			
1. Entity Name <b>HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>80 SW 8 STREET 1900 MIAMI FL 33130 US</b>		Mailing Address <b>80 SW 8 STREET 1900 MIAMI FL 33130 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0532141</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROJAS, ROBERTO 80 SW 8 STREET MIAMI FL 33130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

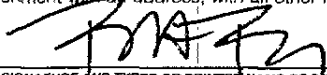
9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROJAS, ROBERTO		NAME		
STREET ADDRESS	80 SW 8 STREET #1900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHAPELIN, JERRY		NAME		
STREET ADDRESS	80 SW 8 STREET #1900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RAMOS, SERGIO		NAME		
STREET ADDRESS	80 SW 8 STREET #1900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NEMETH, GABE		NAME		
STREET ADDRESS	80 SW 8 STREET #1900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BALLESTER, ED		NAME		
STREET ADDRESS	80 SW 8 STREET #1900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LYONS, WILLIAM		NAME		
STREET ADDRESS	80 SW 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **ROBERTO ROJAS** 1/26/15 (305) 373-6868