

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003310

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: HISPANIC EVENTS, INC.

## Current Principal Place of Business:

445 GRAND BAY DRIVE  
SUITE 501  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

445 GRAND BAY DRIVE  
SUITE 501  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 65-0610039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CEBALLOS, HAYDEE  
354 SEVILLA AVENUE  
CORAL GABLES, FL 33134      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: PD      ( ) Delete  
Name: LEVITAN, AIDA  
Address: 445 GRAND BAY DR., #501  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD      ( ) Delete  
Name: HERNANDEZ-FUMERO, ALEX  
Address: 445 GRAND BAY DR., #501  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: STD      ( ) Delete  
Name: MARTINEZ, ROBERTO  
Address: 2530 SW 34 AVENUE  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD      (X) Change ( ) Addition  
Name: MARTINEZ, ROBERTO  
Address: 445 GRAND BAY DRIVE, #501  
City-St-Zip: KEY BISCAYNE, FL 33149

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: AIDA LEVITAN

PD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date