

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90376 026 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                     |                                                                                  |                                                                                                                                                                         |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>DOCUMENT # N95000004777</b><br>1. Entity Name<br><b>HISPANIC BUSINESS INITIATIVE FUND OF GREATER ORLANDO, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                     |                                                                                  |                                                                                        |                                    |
| Principal Place of Business<br><b>315 E. ROBINSON ST., STE. 190<br/>ORLANDO, FL 32801 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                                                                     | Mailing Address<br><b>315 E. ROBINSON ST., STE. 190<br/>ORLANDO, FL 32801 US</b> |                                                                                                                                                                         |                                    |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                                                                         |                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                                                                     | City & State                                                                     |                                                                                                                                                                         |                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | Country                                                                             |                                                                                  | Zip                                                                                                                                                                     |                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | Country                                                                             |                                                                                  | 4. FEI Number<br><b>59-3341405</b>                                                                                                                                      |                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                     |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |                                    |
| 6. Name and Address of Current Registered Agent<br><b>PALACIOS, KIRSTEN<br/>315 E. ROBINSON ST. STE 190<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                     |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                     |                                                                                  |                                                                                                                                                                         |                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                  | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                  |                                    |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                     |                                                                                  |                                                                                                                                                                         |                                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                     |                                                                                                                                                                         |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>VALARINO, LIZETTE</b><br><b>201 ROSALIND AVENUE</b><br><b>ORLANDO, FL 32802</b> <input type="checkbox"/> Delete          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>DIAZ, VICTOR</b><br><b>1101 N. LAKE DESTINY RD., #105</b><br><b>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>TORRES, ANIBAL</b><br><b>633 N. ORANGE AVENUE</b><br><b>ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>D</b><br><b>FERNANDEZ, JOSE</b><br><b>400 S. ORANGE AVE</b><br><b>ORLANDO, FL 32802</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>MCCALL, MERCEDES F</b><br><b>8523 COMMODITY CIRCLE, #100</b><br><b>ORLANDO, FL 32819</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>O</b><br><b>PALACIOS, KIRSTEN</b><br><b>315 E. ROBINSON ST STE 190</b><br><b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>MARTINEZ, LOUIS</b><br><b>1640 LEE ROAD</b><br><b>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                                                                                         |                                                                                     |                                                                                  |                                                                                                                                                                         |                                    |
| <b>SIGNATURE:</b> <i>Kirsten Palacios</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                     | <b>KIRSTEN PALACIOS</b>                                                          |                                                                                                                                                                         | <b>APRIL 24, 2006 (407)4285872</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                                     | Date                                                                             |                                                                                                                                                                         | Daytime Phone #                    |