2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N96000006445

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

Current Principal Place of Business:

301 ARTHUR GODFEY RD
SUITE 500
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

333 ARTHUR GODFEY RD
SUITE 410
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4200 ALTON RD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0723658 **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:	P	( ) Delete
Name:	LOPEZ, LILIAM M	
Address:	4200 ALTON ROAD	
City-St-Zip:	MIAMI BCH, FL 33140	
Title:	C	( ) Delete
Name:	MARTINEZ, LAZARO	
Address:	161 WESTWARD DRIVE	
City-St-Zip:	MIAMI SPRINGS, FL 33165	
Title:	S	( ) Delete
Name:	BAGUE, IRELA	
Address:	25 MADEIRA	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	T	( ) Delete
Name:	BUSTAMANTE, RODOLFO	
Address:	3500 NW 51 ST	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	GONZALEZ, NERY	
Address:	220 ALHAMBRA CIRCLE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	CEPERO, ELOY	
Address:	9415 SUNSET, DR. SUITE 175	
City-St-Zip:	MIAMI, FL 33175	

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, NERY	
Address:	780 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