

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90036 022 \*\*\*\*61.25

**DOCUMENT # N97000004204**

1. Entity Name

**HISPANIC MARKETING & COMMUNICATION  
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 565891  
MIAMI FL 33256-5891  
US

Mailing Address

P O BOX 565891  
MIAMI FL 33256-5891  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0770430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**DEL VALLE, ELENA  
11767 S DIXIE HWY #363  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRIZARRY LOPEZ, SUZANNE	
STREET ADDRESS	1514 WOODCREEK DR.	
CITY- ST- ZIP	RICHARDSON TX 75082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEL VALLE, ELENA	
STREET ADDRESS	11767 S. DIXIE HIGHWAY # 363	
CITY- ST- ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORENO, ANTONIO J	
STREET ADDRESS	9907 NW 20 STREET	
CITY- ST- ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAVIJO-KISH, CHRISTINE	
STREET ADDRESS	13275 SW 137TH AVENUE, SUITE 229	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TORNOE, JUAN G	
STREET ADDRESS	16221 CRYSTAL HILLS DRIVE	
CITY- ST- ZIP	AUSTIN TX 78737	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELEZ, RICHARD	
STREET ADDRESS	8400 NORTHWEST 52ND. STREET, SUITE # 203	
CITY- ST- ZIP	MIAMI FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 305.445.0211

Date

Daytime Phone #