

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004204

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HISPANIC MARKETING & COMMUNICATION ASSOCIATION, INC.

**Current Principal Place of Business:**

4130 AURORA STREET SUITE F  
CORAL GABLES,, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 565891  
MIAMI, FL 332565891 US

**New Mailing Address:**

**FEI Number:** 65-0770430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL VALLE, ELENA  
9858 CLINT MOORE ROAD C111273  
BOCA RATON, FL 33496 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: DEL VALLE, ELENA  
Address: 9858 CLINT MOORE ROAD C111273  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: VELEZ, RICHARD  
Address: 8400 NORTHWEST 52ND. STREET, SUITE # 203  
City-St-Zip: MIAMI, FL 33166

Title: TREA ( ) Delete  
Name: NIETO-VIDAL, SYLVIA  
Address: 4130 AURORA STREET SUITE F  
City-St-Zip: CORAL GABLES, FL 33146

**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:

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: ELENA DEL VALLE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date