


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001113</b> 1. Entity Name <b>HISPANIC HERITAGE, INC.</b>	
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Principal Place of Business <b>2109 NOVA VILLAGE DR. DAVIE, FL 33317</b>	Mailing Address <b>2109 NOVA VILLAGE DR. 324 DAVIE, FL 33317</b>
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0925612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WILLIAMS AVERBUJ, VICTOR 4640 SW 64TH AVE DAVIE, FL 33314</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000315186  
04/19/05-80024-025 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS AVERAUJ, VICTOR 4640 SW 64 AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CRISTINA 2109 NOVA VILLAGE DR DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERAUJ, PABLO 2109 NOVA VILLAGE DR DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERBUT, ROGER N 5100 DAVIE RD #101 FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Victor W Averbuj** 04/15/05 (954) 634-0643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #