

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001113

1. Entity Name
HISPANIC HERITAGE, INC.



Principal Place of Business
**2109 NOVA VILLAGE DR.
DAVIE, FL 33317**

Mailing Address
**2109 NOVA VILLAGE DR.
324
DAVIE, FL 33317**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0925612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS AVERBUJ, VICTOR
4640 SW 64TH AVE
DAVIE, FL 33314**

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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, 2007**

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

10. OFFICERS AND DIRECTORS

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

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04/26/07-80045-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/07
Date

(954) 792-9050
Daytime Phone #