

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001373

FILED
Apr 01, 2009
Secretary of State

Entity Name: MIAMI BEACH HISPANIC CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

510 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

510 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0288999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALVANI, GRACE
510 LINCOLN ROAD
MIAMI BEACH, FL 33139 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: PRES () Delete
Name: CALVANI, GRACE
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: CHAI () Delete
Name: HUGO, VICTOR
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: VCH () Delete
Name: FABRE, JULIO
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: TRE () Delete
Name: MUSSATO, NILENY
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC () Delete
Name: VERJANO, LIZABETH
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSEC () Delete
Name: DELGADO, LUCY
Address: 510 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: () 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: GRACE CALVANI

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date