


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90010 034 ****61.45

DOCUMENT # N99000006170 1. Entity Name ASOCIACION DE CAPELLANES HISPANO AMERICANA INTERNACIONAL, INC.					
Principal Place of Business 3601 W. 12TH AVENUE APT., #40 HIALEAH, FL 33012			Mailing Address POST OFFICE BOX 192687 SAN JUAN, PR 00919-2687		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ACOSTA, GERARDO 3601 W 12TH AVENUE APT., #40 HIALEAH, FL 33012				Name GERARDO ACOSTA	
CEL. (305) 801-1268 TEL. (305) 468-8212				Street Address (P.O. Box Number is Not Acceptable) 15346 SW 72 ST., APT 14, BLDG 22 City MIAMI FL 33193	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YAMBO, MANUEL CALLE CASTUERA #339 SAN JOSE, PR 00923		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S ACOSTA, BARBARA 15346 SW 72 Street, APT 14, BLDG. 22 MIAMI, FL 33193	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete S CARILLO, RAQUEL 348 N.W. 114TH AVENUE, DEP. 104 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S ACOSTA, BARBARA 15346 SW 72 Street, APT 14, BLDG. 22 MIAMI, FL 33193	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D ACOSTA, GERARDO 3601 W.12TH AVENUE, APT., #40 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
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: <u>Manuel Yambo Torres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(787) 751-1955 Date _____ Daytime Phone # _____	