2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080843

Entity Name: HISPANIC FACTOR ENTERPRISES, INC.

FILED Mar 11, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princip	New Principal Place of Business:	
4115 SW 116TH AVENUE MIAMI, FL 33165 US			1140 W 50T	1140 W 50TH STREET	
			405	405 HIALEAH, FL 33012 US	
			ΠΙΆLΕΑΠ, ΓΙ	L 33012 - US	
Current M	lailing Addres	SS:	New Mailing	New Mailing Address:	
4115 SW 1 MIAMI, FL	116TH AVENU 33165 US	E			
FEI Number:	: 87-0708159	FEI Number Applied For()	FEI Number Not Applic	able () Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:	
TARACIDO, NELSON ESQ 5825 SUNSET DRIVE SUITE 210 MIAMI, FL 33143 US			4115 SW 11	HERNANDEZ, JADIR PBA 4115 SW 116TH AVENUE MIAMI, FL 33165 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATUR	RE: JADIR HI	ERNANDEZ		03/11/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	С () Delete	Title:	C (X) Change () Addition	
Name:	HERNANDEZ,	JADIR	Name:	HERNANDEZ, JADIR PBA	
Address:	4115 SW 116T			1140 W 50 STREET SUITE 405	
City-St-Zip:	MIAMI, FL 331	65	City-St-Zip:	HIALEAH, FL 33165 US	
Title:	Р () Delete	Title:	() Change () Addition	
Name:	HERNANDEZ,		Name:	() = =================================	
Address:	4115 SW 116T		Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	ED () Delete	Title:	() Change () Addition	
Name:	SALAZAR, ALE		Name:	() Change () Madition	
Address:	4115 SW 116T		Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	() Delete	Title:	D () Change (X) Addition	
Name:	\	· ·-		HERNANDEZ, ORESTES	
Address:				4115 SW 116TH AVENUE	
City-St-Zip:				MIAMI, FL 33165 US	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARELIA HERNANDEZ P 03/11/2009