


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90005 047 ***150.00

DOCUMENT # P04000146068 1. Entity Name THE PUERTO RICAN ASSOCIATION FOR HISPANIC AFFAIRS INC.			
Principal Place of Business 6547 NW CHUGWATER PORT ST. LUCIE, FL 34983		Mailing Address 6547 NW CHUGWATER PORT ST. LUCIE, FL 34983	
2. Principal Place of Business P.O. Box 8824 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8824 Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL. Zip 34985-8824		City & State PORT ST. LUCIE, FL. Zip 34985-8824	
Country USA		Country USA	
4. FEI Number 42-1649290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLDAN, ROBERT 6547 NW CHUGWATER PORT ST. LUCIE, FL 34983		7. Name and Address of New Registered Agent Name ROBERT ROLDAN Street Address (P.O. Box Number is Not Acceptable) 261 BRAZILIAN CIRCLE PORT ST LUCIE City FL Zip Code 34952	
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: <u><i>Robert Roldan</i></u> DATE: <u>5-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLDAN, ROBERT 6547 NW CHUGWATER PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 261 BRAZILIAN CIRCLE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, JACQUELENE 118 SW HAWTHORNE CIRCLE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 261 BRAZILIAN CIRCLE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T SYLVIA SOTO-MARLIN 411 SW MIMOSA PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S MARGIE RIVERA 1358 SE VESTRIDGE LANE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOE CASTRO 2149 SE ABCOR RD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D OSCAR BRAVO 2791 SW Encanada TERR. PORT ST LUCIE FL 34953
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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><i>Robert Roldan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5-20-05</u> <small>Daytime Phone #</small>	