

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082494

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: HISPANIC PROPERTIES MANAGEMENT CORP.

## Current Principal Place of Business:

1144 ORNE CT  
KISSIMMEE, FL 34759

## New Principal Place of Business:

556 WEST FLAGLER STREET  
402  
MIAMI, FL 33130

## Current Mailing Address:

1144 ORNE CT  
KISSIMMEE, FL 34759

## New Mailing Address:

556 WEST FLAGLER STREET  
402  
MIAMI, FL 33130

FEI Number: 83-0461385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHEELER, RICHARD S ESQ.  
2265 LEE ROAD  
SUITE 117  
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERNANDEZ, MARIA S  
Address: 1144 ORNE CT  
City-St-Zip: KISSIMMEE, FL 34759

Title: VPD ( ) Delete  
Name: BROOKS, JESENIA  
Address: 534 ALBATROSS DR  
City-St-Zip: KISSIMMEE, FL 34759

Title: TD ( ) Delete  
Name: HERNANDEZ, JOSEPHINE  
Address: 1144 ORNE CT  
City-St-Zip: KISSIMMEE, FL 34759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERNANDEZ, MARIA S  
Address: 556 WEST FLAGLER STREET # 402  
City-St-Zip: MIAMI, FL 33130

Title: VPD (X) Change ( ) Addition  
Name: BROOKS, JESENIA  
Address: 454 CINNAMON DR  
City-St-Zip: KISSIMMEE, FL 34759

Title: TD (X) Change ( ) Addition  
Name: HERNANDEZ, JOSEPHINE  
Address: 5028 PARK CENTRAL DR # 2125  
City-St-Zip: ORLANDO, FL 32839

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: MARIA S HERNANDEZ

PD

02/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date