

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000149693

FILED
Nov 25, 2009
Secretary of State**Entity Name:** HISPANIC GLOBAL WAY, CORP**Current Principal Place of Business:**4005 NW 114 AVENUE
S-13
DORAL, FL 33178 US**New Principal Place of Business:**4005 NW 114 AVENUE
SUITE 13
DORAL, FL 33178 US**Current Mailing Address:**4005 NW 114 AVENUE
S-13
DORAL, FL 33178 US**New Mailing Address:**4005 NW 114 AVENUE
SUITE 13
DORAL, FL 33178 US**FEI Number:** 20-5992003**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VERA, MARIA E
290 174 ST
306
SUNNY ISLES BEACH, FL 33160 US**Name and Address of New Registered Agent:**VERA, MARIA E
290 174 ST
SUITE 1117
SUNNY ISLES BEACH, FL 33160 US

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: MARIA E. VERA

11/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: VERA, MARIA E
Address: 290 174 ST APT 306
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP () Delete
Name: CARRASCO, ROBERTO
Address: 11292 NW 46 LANE
City-St-Zip: DORAL, FL 33178 US

Title: CEO () Delete
Name: CARRASCO, CARLOS A
Address: FRAY LUIS DE LEON 497 APT E
City-St-Zip: SAN BORJA LIMA, LI LIMA PE

Title: D () Delete
Name: GONZALES, MIGUEL A
Address: FRAY LUIS DE LEON 497 APT E
City-St-Zip: SAN BORJA LIMA, LI LIMA PE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: VERA, MARIA E
Address: 290 174 ST. SUITE 1117
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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

SIGNATURE: MARIA E. VERA

P

11/25/2009

Electronic Signature of Signing Officer or Director

Date