


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000046233 1. Entity Name HISPANIC BUSINESS NETWORKING, INC.	
--	---

Principal Place of Business 1272 SHELTER ROCK RD ORLANDO, FL 32835	Mailing Address P.O. BOX 617221 ORLANDO, FL 32861
--	---



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3332913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROMAN, JOSE R 1272 SHELTER ROAD ORLANDO, FL 32835
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
Officer NAME STREET ADDRESS CITY-STATE-ZIP	P JOSE R. ROMAN 1272 SHELTER ROCK RD ORLANDO, FL 32835
Officer NAME STREET ADDRESS CITY-STATE-ZIP	VP MARIA DEL CORMEN ROMAN 1272 SHELTER ROCK RD ORLANDO, FL 32835
Officer NAME STREET ADDRESS CITY-STATE-ZIP	
Officer NAME STREET ADDRESS CITY-STATE-ZIP	
Officer NAME STREET ADDRESS CITY-STATE-ZIP	
Officer NAME STREET ADDRESS CITY-STATE-ZIP	

U00000529654
05/05/06-80086-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Jose R. Roman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06 407-294-9038
Date Daytime Phone #