

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000022114	
1. Entity Name HISPACOM SANCHIS Y ASOCIADOS, INC.	

Principal Place of Business 2121 PONCE DE LEON BLVD 330 MIAMI, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD 330 MIAMI, FL 33134
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015554	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD
330
MIAMI, FL 33134**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTIZ, MICHAEL
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 330
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	ST
NAME	ORTIZ, LISSETTE B
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 330
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/13/06-80007-019 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Authorized
Michael Ortiz Representative 3/1/06 3054165210