

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1015554	Applied For Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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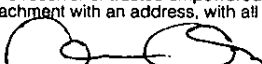
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD., STE 330 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORTIZ, LISSETTE B 2121 PONCE DE LEON BLVD., STE 330 MIAMI, FL 33134
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UD00000742058
05/15/07-80055-002 150.00

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:  Michael Ortiz *Michael Ortiz* 62121/07 305 476 5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #