


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-09-2004 90004 048 ****61.25

DOCUMENT # N03000009810			
1. Entity Name HISPANIC CHRISTIAN CHAMBER OF COMMERCE, INC.			
Principal Place of Business 7950 NW 155 ST, SUITE 207 MIAMI LAKES, FL 33016		Mailing Address 7950 NW 155 ST, SUITE 207 MIAMI LAKES, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIEGUEZ, ANTHONY J D 7950 NW 155 ST STE 207 MIAMI, FL 33016		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRET, PABLO	NAME	DIRECTOR JOE FRUNA
STREET ADDRESS	2001 W 70 ST	STREET ADDRESS	10950 SW 88 ST.
CITY-ST-ZIP	HALEAH, FL 33016	CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEGUEZ, ANTHONY	NAME	MARK E. ROBLEDO
STREET ADDRESS	7060 NW 155 ST STE 207	STREET ADDRESS	9835 SW 80 DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, VALENTIN	NAME	
STREET ADDRESS	3400 SW 76TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RENE A	NAME	
STREET ADDRESS	9130 S DADELAND BLVD STE 1623	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or other like empowerment.			
SIGNATURE: <u><i>Rene Hernandez CA</i></u>		Date: <u>8/6/04</u> (305) 670-4848	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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08042004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0690691 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required