

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N03000009521

Entity Name: HISPANO FOUNDATION, INC.

**Current Principal Place of Business:**

6355 NW 36TH STREET  
404  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

3211 PONCE DE LEON BLVD  
102  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 527803  
MIAMI, FL 331527803

**New Mailing Address:**

FEI Number: 20-0360707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITAL ACCOUNTS, INC.  
6355 NW 36TH STREET  
404  
VIRGINIA GARDENS, FL 33166 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: HISPANO USA, LLC.,  
Address: 6355 NW 36TH STREET, STE 404  
City-St-Zip: VIRGINIA GARDENS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                    (X) Change ( ) Addition  
Name: HISPANO USA, LLC.,  
Address: 3211 PONCE DE LEON BLVD, STE 102  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELFO ROQUE

P

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date