


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90003 001 \*\*\*\*70.00

<b>DOCUMENT # 729589</b> 1. Entity Name <b>CENTER MATER, INC.</b>			
Principal Place of Business <b>418 SW 4TH AVE MIAMI, FL 33130</b>		Mailing Address <b>8298 NW 103 ST HIALEAH, FL 33016</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 14-4857</b> Suite, Apt. #, etc.	
City & State <b>Coral Gables FL</b>		4. FEI Number <b>65-0222952</b>	
Zip <b>33114-4857</b>		Country <b>U.S.A.</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ORTEGA, ANA 700 CAMPANA AVE CORAL GABLES, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Claudia de la Cruz</b> Street Address (P.O. Box Number is Not Acceptable) <b>460 South Mashita Dr.</b> City <b>Key Bisc.</b> <b>FL</b> Zip Code <b>33149</b>	
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 <b>Claudia de la Cruz</b> <b>March 24-04</b> DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	MACHADO, LOURDES	7401 VISTALMAR	CORAL GABLES, FL 33143
<input type="checkbox"/> Delete			
SD	ZULUETA, LILLIAN M	366 MINORCA AVE	CORAL GABLES, FL 33156
<input type="checkbox"/> Delete			
VT	WOLLBERG, MARIA E	415 SANTURCE	CORAL GABLES, FL 33143
<input type="checkbox"/> Delete			
P/D	ORTEGA, ANA M	700 CAMPANA AVE	CORAL GABLES, FL 33156
<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
S	SAME		
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
V	SAME		
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
T	SAME		
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
P	Claudia de la Cruz	460 S. Mashita Dr.	Key Biscayne, FL 33149
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 all other like empowered.			
<b>SIGNATURE:</b> <b>Claudia de la Cruz</b>		<b>March 24-04</b> <b>305</b> <b>206-6666</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

54024400



03242004 Chg-NP CR2E037 (10/03)