


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # 729589 1. Entity Name CENTER MATER, INC.	
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Principal Place of Business 418 SW 4 AVE MIAMI FL 33130	Mailing Address 4970 SW 80 ST MIAMI FL 33143
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0222952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA CRUZ, CLAUDIA 460 SOUTH MASHTA DR. KEY BISCAVNE FL 33149	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	MACHADO, LOURDES
STREET ADDRESS	7401 VISTALMAR
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	S <input type="checkbox"/> Delete
NAME	ZULUETA, LILLIAN M
STREET ADDRESS	366 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	VP <input type="checkbox"/> Delete
NAME	WOLLBERG, MARIA E
STREET ADDRESS	5050 N KENDALL DR
CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	T <input type="checkbox"/> Delete
NAME	ORTEGA, ANA M
STREET ADDRESS	4970 SW 80 ST.
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	P <input type="checkbox"/> Delete
NAME	DE LA CRUZ, CLAUDIA
STREET ADDRESS	460 S MASHTA DR.
CITY-ST-ZIP	KEY BISCAVNE FL 33149
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000674703
CITY-ST-ZIP	03/29/07-80081-002 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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.

SIGNATURE: *McWally* 3/19/07 305-666-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Process