2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 729589

Entity Name: CENTER MATER, INC.

Current Principal Place of Business:

418 SW 4 AVE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

5050 N KENDALL DR
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 65-0222952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA CRUZ, CLAUDIA
460 SOUTH MASHTA DR.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ORTEGA, ANA
4970 SW 80 ST
MIAMI, FL 33143 US

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: ANA ORTEGA 04/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALDRICH, MATTY
Address: 418 SW 4TH AVE
City-St-Zip: MIAMI, FL 33130

Title: S ( ) Delete
Name: ZULUETA, LILLIAN M
Address: 366 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: VP ( ) Delete
Name: WOLLBERG, MARIA E
Address: 5050 N KENDALL DR
City-St-Zip: CORAL GABLES, FL 33156

Title: T ( ) Delete
Name: ORTEGA, ANA M
Address: 4970 SW 80 ST.
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA E WOLLBERG VP 04/08/2009
Electronic Signature of Signing Officer or Director — Date