

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729589

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**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:**

ORTEGA, ANA  
4970 SW 80 ST  
MIAMI, FL 33143 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  
**Name:** ORTEGA, ANA  
**Address:** 4970 SW 80 ST  
**City-St-Zip:** MIAMI, FL 33143

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA ELENA WOLLBERG

VP

01/25/2011

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

\_\_\_\_\_  
Date