


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2004 90003 024 ****70.00

DOCUMENT # N02000003047			
1. Entity Name CENTRO MATER FOUNDATION, INC.			
Principal Place of Business 8298 NW 103 ST HIALEAH, FL 33016		Mailing Address 8298 NW 103 ST HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address P.O. Box 14-4889	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Coral Gables	
City & State		City & State FL	
Zip	Country	Zip	Country
33114-4889		U.S.A	
4. FEI Number APPLIED FOR		Applied For 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	
ORTEGA, ANA 700 CAMPANA AVE MIAMI, FL 33156		Name Claudia de la Cruz	
		Street Address (P.O. Box Number is Not Acceptable) 460 South Mashta Dr.	
		City Key Biscayne FL	
		Zip Code 33149	
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 <i>Claudia de la Cruz</i>		DATE March 24-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ORTEGA, ANA <input type="checkbox"/> Delete	TITLE	T ORTEGA, ANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, ANA	NAME	ORTEGA, ANA
STREET ADDRESS	700 CAMPANA AVE	STREET ADDRESS	700 CAMPANA AVE
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	MIAMI, FL 33156
TITLE	WOLLBERG, MARIA E <input type="checkbox"/> Delete	TITLE	V WOLLBERG, MARIA E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLBERG, MARIA E	NAME	WOLLBERG, MARIA E
STREET ADDRESS	415 SANTURCE AVE	STREET ADDRESS	415 SANTURCE AVE
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MACHADO, LOURDES <input type="checkbox"/> Delete	TITLE	V MACHADO, LOURDES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, LOURDES	NAME	MACHADO, LOURDES
STREET ADDRESS	7401 VISTALMAR	STREET ADDRESS	7401 VISTALMAR
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SD ZULUETA, LILLIAN <input type="checkbox"/> Delete	TITLE	S ZULUETA, LILLIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULUETA, LILLIAN	NAME	ZULUETA, LILLIAN
STREET ADDRESS	14100 OLD CUTLER RD	STREET ADDRESS	14100 OLD CUTLER RD
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP	MIAMI, FL 33158
TITLE	<input type="checkbox"/> Delete	TITLE	P CLAUDIA DE LA CRUZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CLAUDIA DE LA CRUZ
STREET ADDRESS		STREET ADDRESS	460 S. MASHTA DR
CITY-ST-ZIP		CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: <i>Claudia de la Cruz</i>		Date: March 24-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-206-6666	

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