

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003047

FILED
Mar 01, 2006
Secretary of State

Entity Name: CENTRO MATER FOUNDATION, INC.

Current Principal Place of Business:

8298 NW 103 ST
HIALEAH, FL 33016

New Principal Place of Business:

4970 SW 80 ST
MIAMI, FL 33143

Current Mailing Address:

C/O HENRY RAATTAMA, AKERMAN SENTERFITT
ONE SE 3RD AVE 28TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, CLAUDIA
460 SOUTH MASHTA DDR.
KEY BISCAYNE, FL 33149 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ORTEGA, ANA
Address: 700 CAMPANA AVE
City-St-Zip: MIAMI, FL 33156

Title: T (X) Change () Addition
Name: ORTEGA, ANA
Address: 4970 SW 80 ST
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: WOLLBERG, MARIA E
Address: 415 SANTURCE AVE
City-St-Zip: MIAMI, FL 33143

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

Title: V () Delete
Name: MACHADO, LOURDES
Address: 7401 VISTALMAR
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change () Addition
Name: MACHADO, LOURDES
Address: 7401 VISTALMAR
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: ZULUETA, LILLIAN
Address: 14100 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33158

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

Title: P () Delete
Name: DE LA CRUZ, CLAUDIA
Address: 460 S. MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA ORTEGA

T

03/01/2006

Electronic Signature of Signing Officer or Director

Date