

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003047

FILED  
Jan 20, 2008  
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:**

**Current Mailing Address:**

4970 SW 80 ST  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 04-3654762

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 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:**

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

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

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

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

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

**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:

Title: P (X) Change ( ) Addition  
Name: ALDRICH, MATTY  
Address: 460 S. MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

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: ANA ORTEGA

T

01/20/2008

Electronic Signature of Signing Officer or Director

Date