

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004632

FILED
Apr 23, 2004
Secretary of State

Entity Name: CENTRO INTERNACIONAL DE ALABANZA DORAL, INC.

Current Principal Place of Business:

3705 NW 115TH AVE BAY VII
MIAMI, FL 33178

New Principal Place of Business:

8200 NW 27TH ST
SUITE 109-110-111
MIAMI, FL 33122 US

Current Mailing Address:

3705 NW 115TH AVE BAY VII
MIAMI, FL 33178

New Mailing Address:

8200 NW 27TH ST
SUITE 109-110-111
MIAMI, FL 33122 US

FEI Number: 03-0435949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILA, JAIRO
8527 PINES BLVD STE 212
PEMBROKE PINES, FL 33024 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: DP () Delete
Name: DAVILA, JAIRO
Address: 8527 PINES BLVD STE 212II
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DV () Delete
Name: JIMENEZ, EDUARDO
Address: 9201 SW 105TH ST
City-St-Zip: MIAMI, FL 33176

Title: DS () Delete
Name: HERNANDEZ, ADRIANNA
Address: 8920 SW 102ND CT
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: DAVILA, LEIDY
Address: 8527 PINES BLVD STE 212
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: JIMENEZ, ENITH
Address: 9201 SW 105TH ST
City-St-Zip: MIAMI, FL 33176

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: () 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 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 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: JAIRO DAVILA

DP

04/23/2004

Electronic Signature of Signing Officer or Director

Date