

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 05, 2005
Secretary of State

DOCUMENT# N02000004632

Entity Name: CENTRO INTERNACIONAL DE ALABANZA DORAL, INC.**Current Principal Place of Business:**8200 NW 27TH ST
SUITE 109-110-111
MIAMI, FL 33122 US**New Principal Place of Business:****Current Mailing Address:**8200 NW 27TH ST
SUITE 109-110-111
MIAMI, FL 33122 US**New Mailing Address:****FEI Number:** 03-0435949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVILA, JAIRO
8200 NW 27TH ST
SUITE 109-110-111
MIAMI, FL 33122 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: 8200 NW 27TH ST
City-St-Zip: MIAMI, FL 33122**Title:** T () Delete
Name: DAVILA, LEIDY
Address: 8200 NW 27TH ST
City-St-Zip: MIAMI, FL 33122**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DV () Change (X) Addition
Name: CASTRO, HOLLMAN G DV
Address: 8200 NW 27 ST SUITE 109-110
City-St-Zip: MIAMI, FL 33122**Title:** T () Change (X) Addition
Name: ARANGO, JORGE I
Address: 8200 NW 27 ST. SUITE 109-110
City-St-Zip: MIAMI, FL 33122**Title:** T () Change (X) Addition
Name: LOPEZ, LUIS E
Address: 8200 NW 27 ST SUITE 109-110
City-St-Zip: MIAMI, FL 33122

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

DV

08/05/2005

Electronic Signature of Signing Officer or Director

Date