

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300000578

FILED
May 04, 2006
Secretary of State

Entity Name: CLUB LATINO DE BONAVENTURE, INC.

Current Principal Place of Business:

16690 SADDLE CLUB ROAD
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 268813
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 27-0062863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARDENAS, NESTOR E MR.
180 ALHAMBRA WAY
WESTON, FL 33326 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: P () Delete
Name: CARDENAS, NESTOR E MR.
Address: 180 ALHAMBRA WAY
City-St-Zip: WESTON, FL 33326 US

Title: VP () Delete
Name: IGLESIAS, MARIAELENA MRS.
Address: 66 GABLES BLVD.
City-St-Zip: WESTON, FL 33326 US

Title: T () Delete
Name: FERIS, OMAR MR.
Address: 16872 SW 5TH. WAY
City-St-Zip: WESTON, FL 33326 US

Title: D () Delete
Name: PINA, RICARDO MR.
Address: 436 LAKEVIEW DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: D () Delete
Name: MONTOYA, DORIS E MRS.
Address: 380 RACQUET CLUB RD., BLD. 125, APT. # 103
City-St-Zip: WESTON, FL 33326 US

Title: D () Delete
Name: RAMUDO, ARMANDO MR.
Address: 64 GABLES BLVD.
City-St-Zip: WESTON, FL 33326 US

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
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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 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: NESTOR E. CARDENAS

PR

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date