


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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1. Entity Name
 CENTRO CULTURAL ESPANOL DE COOPERACION IBEROAMERICANA, INC.



Principal Place of Business: 800 DOUGLAS ROAD SUITE 170 MIAMI, FL 33134

Mailing Address: 800 DOUGLAS ROAD SUITE 170 MIAMI, FL 33134

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03122005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0718459 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RJVF CORPORATE SERVICES, INC
 C/O STEEL, HECTOR & DAVIS, INC
 200 SOUTH BISCAYNE BLVD SUITE 4000
 MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEL VALLE, MARIA C
STREET ADDRESS	800 DOUGLAS ROAD #170
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DT
NAME	LINARES, JULIAN
STREET ADDRESS	800 DOUGLAS ROAD #170
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DVP
NAME	VALDES-FAULI, RAUL J
STREET ADDRESS	800 DOUGLAS ROAD #170
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/19/05-90038-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  MARIA C. DEL VALLE 03/14/05 305 4489677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #