


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001519</b>	
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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01172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0718459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT CORPORATE SERVICES, INC  
 806 DOUGLAS RD  
 SUITE 580  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

U00000602902  
 01/26/07-80107-025 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 01/17/07 DAYTIME PHONE #: 305 489 677