

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90026 040 ****61.25



DOCUMENT # N96000001519					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0718459	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGISTERED AGENT CORPORATE SERVICES, INC 806 DOUGLAS RD. SUITE 580 CORAL GABLES, FL 33134			Name REGISTERED AGENT CORPORATE SERVICES INC. Street Address 355 Alhambra Circle, Suite 801 City Coral Gables, FL 33134		
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 3/11/08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEL VALLE, MARIA C	NAME			
STREET ADDRESS	800 DOUGLAS ROAD #170	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINARES, JULIAN	NAME			
STREET ADDRESS	800 DOUGLAS ROAD #170	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDES-FAULI, RAUL J	NAME			
STREET ADDRESS	800 DOUGLAS ROAD #170	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CABANAS, SANTIAGO	NAME			
STREET ADDRESS	800 DOUGLAS ROAD # 170	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 an officer like empowered.					
SIGNATURE:			DATE 4/10/08		Daytime Phone # 786 364 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					