

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008683

FILED
Apr 30, 2005
Secretary of State

Entity Name: CENTRO DE ALABANZA Y RESTAURACION INC.

Current Principal Place of Business:

8517 MILANO DR APT 1920
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

8517 MILANO DR APT 1920
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 72-1589859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, ABNER
8517 MILANO DR APT 1920
ORLANDO, FL 32810 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: PD () Delete
Name: RAMOS, ABNER
Address: 8517 MILANO DR APT 1920
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: RAMOS, YASMIN
Address: 8517 MILANO DR APT 1920
City-St-Zip: ORLANDO, FL 32810

Title: TD () Delete
Name: CANCEL, FERDINAND
Address: 880 WESLEY CR APT 208
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: MARTINEZ, YURIDIA
Address: 880 WESLEY CIR APT 208
City-St-Zip: APOPKA, FL 32703

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
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 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: ABNER RAMOS

REV

04/30/2005

Electronic Signature of Signing Officer or Director

Date