

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007285

FILED
Jan 03, 2006
Secretary of State

Entity Name: CENTRO DE AYUDA PARA PROFESIONALES CRISTIANOS IBEROAMERICANOS INC.

Current Principal Place of Business:

13899 BISCAYNE BLV
PH-7
MIAMI, FL 33181

New Principal Place of Business:

13899 BISCAYNE BLV
400
MIAMI, FL 33181

Current Mailing Address:

13899 BISCAYNE BLV
J
MIAMI, FL 33181

New Mailing Address:

13899 BISCAYNE BLV
400
MIAMI, FL 33181

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, OSCAR DR
3600 S STATE ROAD 7
363
MIRAMAR, FL 33023 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: FERNANDEZ, ALICIA CPA
Address: 3600 S STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

Title: V () Delete
Name: LERMA, CLAUDIA
Address: 3600 S STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP () Delete
Name: NIETO, GLORIA A
Address: 3600 S STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VERGARA, MARTHA CPA
Address: 3600 S STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

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: MARTHA VERGARA

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date