I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex-		
above, or on an attachment with all other like empowered.		
SIGNATURE: EMELY PAGAN	DVP	03/08/2018

SIGNATURE: EMELY PAGAN

L

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: EMELY PAGAN 03/08/2018 Date Electronic Signature of Registered Agent Officer/Director Detail : Ti

Officer/Director Detail :			
Title	PD	Title	DVP
Name	PAGAN, HERMINIO JR	Name	PAGAN, EMELY
Address	5355 25TH AVENUE, S.W.	Address	5355 25TH AVE SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116
Title	TREA		
Name	HARROLD, NANCY		
Address	3084 SANTA BARBARA BLVD # B		
City-State-Zip:	NAPLES FL 34116		

# 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.

#### Name and Address of Current Registered Agent:

PAGAN, EMELY 5355 25TH AVENUE SW NAPLES, FL 34116 US

# 5355 25TH AVENUE SW

NAPLES. FL 34116

### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0200001586

Entity Name: CENTRO INTERNACIONAL DE ALABANZA, INC.

## **Current Principal Place of Business:**

5355 25TH AVENUE SW

### **Current Mailing Address:**

NAPLES, FL 34116 US

### FEI Number: 01-0578996

### Certificate of Status Desired: No

FILED Mar 08, 2018 Secretary of State CC4602012693

03/08/2018

Date