

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 012 ****70.00



DOCUMENT # 724397

1. Entity Name

CENTRO CAMPESINO-FARMWORKER CENTER, INC.

Principal Place of Business

**35801 S.W. ^{186th} 187th AVENUE
FLORIDA CITY FL 33034**

Mailing Address

**P O BOX 343449
FLORIDA CITY FL 33034
US**



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

59-1460598

Applied For

Not Applicable

1st MOORE

CR2E037 (10/06)

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMBER AND AMBER
7731 SW 62ND AVENUE SUITE 202
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
D	JENSEN, ROBERT	1550 N. KROME AVE.	HOMESTEAD FL	<input type="checkbox"/>
PD	SEGOR, JOSEPH	12801 SW 112 CT.	MIAMI FL	<input type="checkbox"/>
VP	PRO, FERNANDO	20310 SW 106 AVE	MIAMI FL 33189	<input type="checkbox"/>
T	BOGGS, COLLEEN	16300 SW 184 ST	MIAMI FL 33187	<input checked="" type="checkbox"/>
S	TAPIA, CATALINA	19091 SW 244 ST 9833 SW 206 Lane	HOMESTEAD FL 33021 Miami, FL 33189	<input type="checkbox"/>
D	ALDANA, CRISTINA	18531 SW 957 ST	HOMESTEAD FL 33034	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Wilfrid Pressa	281 South Krome Avenue	Homestead, FL 33030	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Marco Tegada	11401 SW 72nd Place	Miami, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maista Purba 02/01/07 (305) 245-7738