

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 044 ****70.00

DOCUMENT # 724397

1. Entity Name

CENTRO CAMPESENO-FARMWORKER CENTER, INC.



Principal Place of Business

35801 S.W. 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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1460598

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008

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 **D** ☒ Delete
NAME **JENSEN, ROBERT**
STREET ADDRESS **1650 N. KROME AVE. 18640 SW 295 Terrace**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **PD** ☐ Delete
NAME **SEGOR, JOSEPH**
STREET ADDRESS **12801 SW 112 CT.**
CITY-ST-ZIP **MIAMI FL, 33176.**

TITLE **VP** ☐ Delete
NAME **PRO, FERNANDO**
STREET ADDRESS **20310 SW 106 AVE 23919 Club Villas Drive**
CITY-ST-ZIP **MIAMI FL 33188 Lando Lakes, FL 34639**

TITLE **D** ☐ Delete
NAME **TEJADA, MARCO**
STREET ADDRESS **11401 SW 72ND PLACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **S** ☒ Delete
NAME **TAPIA, CATALINA**
STREET ADDRESS **8833 SW 206TH LANE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Delete
NAME **ALDANA, CRISTINA**
STREET ADDRESS **18531 SW 55TH ST**
CITY-ST-ZIP **HOMESTEAD FL 33034**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Wilfrid Presa**
STREET ADDRESS **225 NE 8th St Suite 2**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **S** ☐ Change ☒ Addition
NAME **Angenys Gonzalez-Eiler**
STREET ADDRESS **9840 SW 85 St**
CITY-ST-ZIP **Miami, FL 33173 - 4053**

TITLE **Director** ☐ Change ☒ Addition
NAME **Isabel Llinas-Busher**
STREET ADDRESS **13359 No Indian Drive**
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **Director** ☐ Change ☒ Addition
NAME **Octavio Visiedo**
STREET ADDRESS **3250 Mary Street, #202**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Joseph C Segor*