

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729589

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: CENTER MATER, INC.

**Current Principal Place of Business:**

418 SW 4 AVE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-4857  
MIAMI, FL 331144857

**New Mailing Address:**

4970 SW 80 ST  
MIAMI, FL 33143

FEI Number: 65-0222952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE LA CRUZ, CLAUDIA  
460 SOUTH MASHTA DR.  
KEY BISCAYNE, FL 33149 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: V ( ) Delete  
Name: MACHADO, LOURDES  
Address: 7401 VISTALMAR  
City-St-Zip: CORAL GABLES, FL 33143

Title: S ( ) Delete  
Name: ZULUETA, LILLIAN M  
Address: 366 MINORCA AVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: V ( ) Delete  
Name: WOLLBERG, MARIA E  
Address: 5050 SW 88 ST.  
City-St-Zip: CORAL GABLES, FL 33156

Title: T ( ) Delete  
Name: ORTEGA, ANA M  
Address: 4970 SW 80 ST.  
City-St-Zip: CORAL GABLES, FL 33143

Title: P ( ) Delete  
Name: DE LA CRUZ, CLAUDIA  
Address: 460 S MASHTA DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MACHADO, LOURDES  
Address: 7401 VISTALMAR  
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WOLLBERG, MARIA E  
Address: 5050 N KENDALL DR  
City-St-Zip: CORAL GABLES, FL 33156

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: MARIA ELENA WOLLBERG

VP

03/01/2006

Electronic Signature of Signing Officer or Director

Date