2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # 740742 1. Entity Name ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.					(94-03-2006 9	90388 00	9 ****70).00		
Principal Place of Business Mailing Address 1865 ECANLOCK HATCHEE TR. PO BOX 677065 ORLANDO, FL 32817 ORLANDO, FL 32867-7065						L 188/N 189N 8F8		1 618 (1 8(6)) 6 18	11 212 11 2121 212	111 2 1 21 1 221	
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03222006	Chg-NP	CR2E03	37 (11/05)		
City & State		City & S	City & State			4. FEI Number 59-18796	38		<u> </u>	oplied For	
Zip	Country		Zip Co					\$8.75 Add	ditional		
	6. Name and Address of Curre	nt Registered A	gent			7. Name and Ad	Idress of New R	egistered /	Agent		
Name											
GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO, FL 32807					Address (f	address (P.O. Box Number is Not Acceptable)					
)			City	•••			FL	Zip Cod	8	
8. The above particular points submits this statement for the surpose of shapping its region				naistarad office	a rocietor	ad soont or both	is the Ctate of Ele		r Kanadilian walab		
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 reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.											
	<u>-</u>				0	\$5.00 May Be Added to Fees			c payable to tment of S		
	<u>-</u>					\$5.00 May Be Added to Fees	Flor	ida Depar	tment of S	tate	
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indicated on this report or supplied with ansating does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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:

ruis A. Acevedo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Harch 2006

407-380-8417