

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 21, 2006
Secretary of State

DOCUMENT# 740742

Entity Name: ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.**Current Principal Place of Business:**1865 ECANLOCK HATCHEE TR.
ORLANDO, FL 32817**New Principal Place of Business:**1865 ECONLOCKHATCHEE TR.
ORLANDO, FL 32817**Current Mailing Address:**PO BOX 677065
ORLANDO, FL 328677065**New Mailing Address:****FEI Number:** 59-1879638**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOMEZ, LUIS F
1500 S SEMORAN BLVD
ORLANDO, FL 32807 US**Name and Address of New Registered Agent:**GOMEZ, LUIS F
1360-12 N. GOLDENROD ROAD
ORLANDO, FL 32807 US

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:

06/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, ANGEL
Address: 10428 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: MARTINEZ, ANGEL
Address: 10428 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: DEL VCARMEN SANCHEZ, MARIA
Address: 1121 TROTWOOD BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: FRANCESCHINI, BETSAIDA
Address: 920 KENWOOD CIR
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Delete
Name: ACEVEDO, LUIS A
Address: 391 LAKEPARK TR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, AMILCAR T
Address: 8227 NEWBURY SOUND LANE
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change () Addition
Name: TORRES, ANGEL L
Address: 255 SUNCREST CT.
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change () Addition
Name: LUYANDA, MARIA
Address: 1007 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: FRANCESCHINI, SANTIAGO
Address: 920 KENWOOD CIR
City-St-Zip: OVIEDO, FL 32765

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: AMILCAR T. MARTINEZ

P

06/21/2006

Electronic Signature of Signing Officer or Director

Date