2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

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DOCUMENT # N0000004739 1. Entity Name CENTRO DE PREVENCION Y EDUCACION CORAZONES UNIDOS H.I.V/SIDA, INC.							03-10-2008	90056 030) ****61.2	25	
1325 W. 68TH ST. SUITE 512		Mailing Address 1325 W. 68TH ST. SUITE 512 HIALEAH, FL 33014	1325 W. 68TH ST. SUITE 512						1861 ISBN 8 1117 3 18	 	
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03052008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State				4. FEI Number Applied For 65-1025556 Not Applied be					
Zip Country		Zip Cou		intry	5. Certificate of Status De		of Status Desire	red S8.75 Additional Fee Required			
	-6. Name and Address of Current	Registered Agent	·			-7. Name and	Address of Nev	v Registered	Agent		
· ·	O	1031010100 7780111		Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·			
ACEVEDO 1325 W. 6 STE. 512), SIXTO R 8TH ST.					fress (P.O. Box Number is Not Acceptable)					
HIALEAH,			Cin					Zin Cod			
		4		City				Fl	Zip Cod	е	
The above named entity submits this statement for the purpose of changing its registered office or registered.						ed agent, or both	n, in the State of	Florida, I am	familiar with.	and accept	
	tions of registered agent.										
-		nn /3.k/lll							_		
CIONATURE	1 SIXTO POTA						03.	- <i>06-</i> date	OR		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable; (NO	E: Registere	d Agent signal	ture required	when reinstating)		DATE			
	<u> </u>						1	2 1115 11			
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2008 Trust Fund Cont						\$5.00 May Be)	. 25.4	k payable to	4 1	
10.	OFFICERS AND DIF	PECTORS	11.			ADDITIONS/CHA	MGES TO CEE	CERS AND D	IRECTORS IN	10	
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NAME	CASTANEDA, ALEJANDRO	•	NAM	Ε							
STREET ADDRESS	1326 W. 68TH STREET #512		STRE	et adoress							
CiTY-ST-ZIP	HALEAM, FL 33014		CITY	- ST - ZIP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivenor 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 TAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description