

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001434

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: CENTRO CRISTIANO CASABLANCA INC.

**Current Principal Place of Business:**

2190 SW 8TH ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680100  
MIAMI, FL 33168

**New Mailing Address:**

PO BOX 450932  
MIAMI, FL 33135

FEI Number: 65-0985531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WILKERSON, RICHARD  
655 N W 125TH STREET  
MIAMI, FL 33168 US

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

SALAZAR, GRACE  
2190 SW 8 STREET  
MIAMI, FL 33135 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: GRACE SALAZAR

01/14/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEAD, JANE L  
Address: 1075 NE MIAMI GARDENS DR., #411W  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: SALAZAR, GRACE  
Address: 2180 SW 9TH ST.  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: WILKERSON, RICHARD  
Address: 655 N W 125TH ST  
City-St-Zip: MIAMI, FL 33168

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

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

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

Title: D (X) Change ( ) Addition  
Name: CORDERO, EDWIN  
Address: 2190 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRACE SALAZAR

D

01/14/2004

Electronic Signature of Signing Officer or Director

Date