

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003402

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** CENTRO PARAGUAYO DE PALM BEACH INC.

**Current Principal Place of Business:**

6776 CORAL REEF STREET  
LAKE WORTH, FL 33464

**New Principal Place of Business:**

**Current Mailing Address:**

6776 CORAL REEF STREET  
LAKE WORTH, FL 33464

**New Mailing Address:**

**FEI Number:** 65-1107039      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FLEITAS, NIDIA  
6776 CORAL REEF STREET  
LAKE WORTH, FL 33464 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLEITAS, NIDIA  
Address: 6776 CORAL REEF STREET  
City-St-Zip: LAKE WORTH, FL 33464

Title: VD ( ) Delete  
Name: FRETES, OLGA  
Address: 6542 WINDING BROOK WAY  
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD ( ) Delete  
Name: GONZALEZ, CARLOS S  
Address: 3508 CHESAPEAKE CIR.  
City-St-Zip: BOYNTON BEACH, FL 33436

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

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

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 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: NIDIA FLEITAS

PD

05/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date