

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003402

FILED
May 24, 2009
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:

3508 CHESAPEAKE CIR.
BOYNTON BEACH, FL 33436

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:

FLEITAS, NIDIA
6776 CORAL REEF STREET
LAKE WORTH, FL 33464 US

Name and Address of New Registered Agent:

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: CARLOS SENEN GONZALEZ

TD

05/24/2009

Electronic Signature of Signing Officer or Director

Date