

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004724

FILED
Jan 16, 2004
Secretary of State

Entity Name: ESTRELLA COMMUNITY ADULT CENTER, INC.

Current Principal Place of Business:

27555-57 S DIXIE HWY
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

27555-57 S DIXIE HWY
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 65-0843773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRELLA, CARMEN R
27555-57 S DIXIE HWY
HOMESTEAD, FL 33032 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: D () Delete
Name: PETR, VIRGINIA
Address: 27555-57 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

Title: PSC () Delete
Name: ESTRELLA, ROSA Y
Address: 27555-57 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: ESTELLA, ROSA Y
Address: 27555-57 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: MARIBEL, MEJIA
Address: 27555 -57 S. DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

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:

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 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: ROSA YVETTE ESTRELLA

PSC

01/16/2004

Electronic Signature of Signing Officer or Director

Date