


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90035 044 \*\*\*\*61.25

<b>DOCUMENT # N02000001586</b>	
<b>1. Entity Name</b> CENTRO INTERNACIONAL DE ALABANZA, INC.	

<b>Principal Place of Business</b> 4940 GOLDEN GATE PKWY NAPLES FL 34116	<b>Mailing Address</b> 5355 25TH AVENUE, S.W. NAPLES FL 34116
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<b>2. Principal Place of Business</b> Same	<b>3. Mailing Address</b> Same
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>
<b>City &amp; State</b> Naples	<b>City &amp; State</b> Florida
<b>Zip</b> 34116	<b>Country</b>



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 01-0578996	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PAGAN, EMELY 5355 25TH AVENUE, S.W. NAPLES FL 34116
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> PAGAN, HERMINIO	
<b>STREET ADDRESS</b> 5355 25TH AVENUE, S.W.	
<b>CITY-ST-ZIP</b> NAPLES FL 34116	
<b>TITLE</b> DVP	<input type="checkbox"/> Delete
<b>NAME</b> PAGAN, EMELY	
<b>STREET ADDRESS</b> 5355 25TH AVE SW	
<b>CITY-ST-ZIP</b> NAPLES FL 34116	
<b>TITLE</b> ST	<input checked="" type="checkbox"/> Delete
<b>NAME</b> HERNANDEZ, ERIKA V	
<b>STREET ADDRESS</b> 4940 GOLDEN GATE PKWY	
<b>CITY-ST-ZIP</b> NAPLES FL 34116	
<b>TITLE</b> Neidy Pagan	<input type="checkbox"/> Delete
<b>NAME</b> 5355 25th Ave SW	
<b>STREET ADDRESS</b> Naples, FL 34116	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Emely Pagan 2/19/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #