


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001586 1. Entity Name CENTRO INTERNACIONAL DE ALABANZA, INC.	
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Principal Place of Business 5800 GOLDEN GATE PARKWAY GOLDEN GATE CITY NAPLES, FL 34116	Mailing Address 5800 GOLDEN GATE PARKWAY GOLDEN GATE CITY NAPLES, FL 34116
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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0578996	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAGAN, EMELY
 5355 25TH AVENUE, S.W.
 NAPLES, FL 34116

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGAN, HERMINIO 5355 25TH AVENUE, S.W. NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAGAN, EMELY 5355 25TH AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEIDY, PAGAN 5355 25TH AVE SW NAPLES, FL 34116
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07