

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001586

FILED
May 11, 2009
Secretary of State

Entity Name: CENTRO INTERNACIONAL DE ALABANZA, INC.

Current Principal Place of Business:

5800 GOLDEN GATE PARKWAY
GOLDEN GATE CITY
NAPLES, FL 34116

New Principal Place of Business:

5800 GOLDEN GATE PARKWAY
GOLDEN GATE CITY
NAPLES, FL 34116 US

Current Mailing Address:

5800 GOLDEN GATE PARKWAY
GOLDEN GATE CITY
NAPLES, FL 34116

New Mailing Address:

FEI Number: 01-0578996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PAGAN, EMELY
5355 25TH AVENUE, S.W.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

JUAREZ, CPA, MARIO E
15051 S. TAMiami TRAIL
SUITE 203
FORT MYERS, FL 33908 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: MARIO E JUAREZ, CPA

05/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAGAN, HERMINIO
Address: 5355 25TH AVENUE, S.W.
City-St-Zip: NAPLES, FL 34116

Title: DVP () Delete
Name: PAGAN, EMELY
Address: 5355 25TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: ST () Delete
Name: NEIDY, PAGAN
Address: 5355 25TH AVE SW
City-St-Zip: NAPLES, FL 34116

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: HERMINIO PAGAN

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date