

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003504

FILED
May 05, 2008
Secretary of State

Entity Name: CIUDAD REFUGIO, INC.

Current Principal Place of Business:

4114 S GOLDENROD RD
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

PO BOX 570745
ORLANDO, FL 328570745

New Mailing Address:

FEI Number: 45-0475518 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:

Name and Address of New Registered Agent:

CARRION, RIGOBERTO
7470 CHELSEA HORBOUR DR
ORLANDO, FL 32829 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: CARRION, RIGOBERTO
Address: 7470 CHELSEA HORBOUR DR
City-St-Zip: ORLANDO, FL 32829

Title: TV () Delete
Name: GARCIA, NOEL A
Address: 10319 CYPRESS TRAIL DR
City-St-Zip: ORLANDO, FL 328255043

Title: TS () Delete
Name: REYES, SONIA
Address: 7470 CHELSEA HORBOUR DR
City-St-Zip: ORLANDO, FL 32829

Title: TT () Delete
Name: VARGAS, MARTIN
Address: 4063 N GOLDENROD RD STE 2
City-St-Zip: WINTER PARK, FL 327928905

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 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: RIGOBERTO CARRION

TP

05/05/2008

Electronic Signature of Signing Officer or Director

Date