

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003504

**FILED**  
**Mar 31, 2011**  
**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 32857 US

**New Mailing Address:**

**FEI Number:** 45-0475518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRION, RIGOBERTO  
1725 MONTEBURG DR  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

CARRION, RIGOBERTO  
5544 PARKDALE DR  
ORLANDO, FL 32839 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: \_\_\_\_\_

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TP  
Name: CARRION, RIGOBERTO  
Address: 5544 PARKDALE DR  
City-St-Zip: ORLANDO, FL 32839 US

Title: TV  
Name: GARCIA, NOEL A  
Address: PO BOX 720294  
City-St-Zip: ORLANDO, FL 32872 US

Title: TS  
Name: REYES, SONIA  
Address: 5544 PARKDALE DR  
City-St-Zip: ORLANDO, FL 32839 US

Title: TT  
Name: SERRANO, EDWIN  
Address: 9117 LEE VISTA BLVD APT 605  
City-St-Zip: ORLANDO, FL 32829 US

I hereby 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 all other like empowered.

SIGNATURE: NOEL GARCIA

TV

03/31/2011

Electronic Signature of Signing Officer or Director

Date