

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

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90091 009 ****75.00

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1. Entity Name

**CENTRO DE ENTRENAMIENTO PARA DISCAPACITADOS,
CORP.**



Principal Place of Business

**12272 SW 26 ST
MIAMI FL 33175**

Mailing Address

**12272 SW 26 ST
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2372573

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRETONES, LUIS
12272 SW 26 ST
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BRETONES, LUIS**
STREET ADDRESS **12272 SW 26 ST**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☒ Delete
NAME **QUIROS, ZENaida**
STREET ADDRESS **12272 SW 26 ST**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **TD** ☒ Delete
NAME **LUENGO-ALBERTO**
STREET ADDRESS **901 SW 37 AVE, APT 26**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Pavel Menendez**
STREET ADDRESS **9180 Fontainebleau Blvd # 502**
CITY-ST-ZIP **Miami - FL 33172**

TITLE **TD** ☐ Change ☒ Addition
NAME **Jorge Pérez**
STREET ADDRESS **555 NE 61 ST Apt. 7**
CITY-ST-ZIP **Miami - FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Luis Bretones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/05

Date

305-3007761

Daytime Phone #