

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N02000006859

1. Entity Name
CENTRO DE FE Y ESPERANZA INT'L, INC.



Principal Place of Business

14544 SW 174 TERR
MIAMI, FL 33177

Mailing Address

14544 SW 174 TERR
MIAMI, FL 33177



04102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
11-3652893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTANEDA, MODESTO
14544 SW 174 TERR
MIAMI, FL 33177

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASTANEDA, MODESTO
STREET ADDRESS 14544 SW 174 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE D
NAME CASTANEDA, JHONATAN S
STREET ADDRESS 14544 SW 174 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE D
NAME PARRA, NIDIA N
STREET ADDRESS 14544 SW 174 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE D
NAME CASTANEDA, YU LIETH
STREET ADDRESS 14544 SW 174 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000897894
04/25/08-80066-014 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-10-08 305 7948917