

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009023

FILED
Apr 16, 2006
Secretary of State

Entity Name: CASA COLOMBIA OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

11131 OLEANDER DR.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

11131 OLEANDER DR.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 33-1047121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, FRANCISCO J
11131 OLEANDER DR.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: PT () Delete
Name: DIAZ, MARIA E
Address: 11131 OLEANDER DR
City-St-Zip: CLERMONT, FL 34711

Title: VT () Delete
Name: DIAZ, FRANCISCO J
Address: 11131 OLEANDER DR.
City-St-Zip: CLERMONT, FL 3711

Title: S () Delete
Name: FARIAS RIOS, DIANA
Address: 2239 GATOR DR. APT. 415
City-St-Zip: ORLANDO, FL 32807

Title: T. () Delete
Name: DIAZ, CRISTOBAL
Address: 11131 OLEANDER DR.
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: CRUZ, MARIA C
Address: 11131 OLEANDER DR.
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: GRIFFIN, JIM
Address: 173 EASST SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

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:

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 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: MARIA E. DIAZ

PT

04/16/2006

Electronic Signature of Signing Officer or Director

Date