

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005148

FILED
Nov 14, 2004
Secretary of State**Entity Name:** CENTRO DE ALABANZA UNCION FRESCA INC.**Current Principal Place of Business:**1103 NAJAC LANE
KISSIMMEE, FL 34759**New Principal Place of Business:**609 W VINE ST
SUITE A
KISSIMMEE, FL 34741**Current Mailing Address:**1103 NAJAC LANE
KISSIMMEE, FL 34759**New Mailing Address:**609 W VINE ST
SUITE A
KISSIMMEE, FL 34741**FEI Number:** 55-0839031 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:**OQUENDO, CARMELO
1103 NAJAC LANE
KISSIMMEE, FL 34759 US**Name and Address of New Registered Agent:**OQUENDO, CARMELO REV
1134 COBLESTONE CIR
APT # F
KISSIMMEE, FL 34744 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: CARMELO OQUENDO

11/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: OQUENDO, CARMELO
Address: 1103 NAJAC LANE
City-St-Zip: KISSIMMEE, FL 34759**Title:** V () Delete
Name: OQUENDO, YASMIN
Address: 1103 NAJAC LANE
City-St-Zip: KISSIMMEE, FL 34759**Title:** T () Delete
Name: OQUENDO, CARMELO SR
Address: 11824 SHOT GATE COURT
City-St-Zip: ORLANDO, FL 32837**Title:** T (X) Delete
Name: OQUENDO, LUCIA
Address: 11824 SHOT GATE COURT
City-St-Zip: ORLANDO, FL 32837**Title:** S (X) Delete
Name: SANTIAGO, CARMEN G
Address: 957 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: OQUENDO, CARMELO REV
Address: 1134 COBLESTONE CIR APT # F
City-St-Zip: KISSIMMEE, FL 34744**Title:** V (X) Change () Addition
Name: OQUENDO, YASMIN REV
Address: 1134 COBLESTONE CIR APT # F
City-St-Zip: KISSIMMEE, FL 34744**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 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 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: CARMELO OQUENDO

REV

11/14/2004

Electronic Signature of Signing Officer or Director

Date