

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006087

FILED
Mar 30, 2006
Secretary of State

Entity Name: CENTRO COMUNITARIO DE AYUDA "ENLACE", INC.

Current Principal Place of Business:

7635 W. 28 AVENUE
#4
HIALEAH, FL 33016

New Principal Place of Business:

2670 WEST 84 STREET
HIALEAH, FL 33016

Current Mailing Address:

18335 NW 61 AVENUE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 58-2676303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, ILSE
18335 N.W. 61 AVENUE
MIAMI, FL 33015 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: P () Delete
Name: HERNANDEZ, ILSE
Address: 18335 NW 61 AVENUE
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: DESCARTES, CELMALI
Address: 18335 NW 61 AVENUE
City-St-Zip: MIAMI, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HERNANDEZ, ILSE
Address: 18335 NW 61 AVENUE
City-St-Zip: MIAMI, FL 33015

Title: T () Change (X) Addition
Name: VIAMONTES, ELENA
Address: 5845 SW 125 AVENUE
City-St-Zip: MIAMI, FL 33183

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: ILSE HERNANDEZ

P

03/30/2006

Electronic Signature of Signing Officer or Director

Date