

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006087

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

2674 WEST 84 STREET
HIALEAH, FL 33016

New Principal Place of Business:

9551 N.W. 79 AVE.
#1
HIALEAH GARDENS, FL 33016

Current Mailing Address:

18093 NW 60 COURT
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
18093 N.W. 60 COURT
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: 18093 NW 60 COURT
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: DESCARTES, CELMALI
Address: 18093 NW 60 COURT
City-St-Zip: MIAMI, FL 33015

Title: S () Delete
Name: HERNANDEZ, ILSE
Address: 18093 NW 60 COURT
City-St-Zip: MIAMI, FL 33015

Title: T () Delete
Name: CORDOBA, ISABEL
Address: 18093 N.W. 60 COURT
City-St-Zip: MIAMI, FL 33015

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:

I hereby certify that the information supplied with this filing does not qualify 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date