2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N03000007723

Entity Name: CENTRO INTERNACIONAL DE RESTAURACION Y ALABANZA, INC.

Current Principal Place of Business:

770- S SOUTH MILITARY TRAIL
SUITE S
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

770- S SOUTH MILITARY TRAIL
SUITE S
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 30-0214218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARROYO, RUBEN DR.
3172 TURTLE COVE
WEST PALM BEACH, FL 33411 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: DP ( ) Delete
Name: ARROYO, RUBEN
Address: 3172 TURTLE COVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete
Name: PLANAS, GLADYS
Address: 770- S SOUTH MILITARY TRAIL STE S
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete
Name: RIVERA, CARLOS
Address: 770- S SOUTH MILITARY TRAIL STE S
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S ( ) Delete
Name: FIQUEROA, DIMARIS
Address: 770- S SOUTH MILITARY TRAIL STE S
City-St-Zip: WEST PALM BEACH, FL 33415

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: RUBEN ARROYO DR 01/13/2009

Electronic Signature of Signing Officer or Director — Date