

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90088 014 ****61.25

DOCUMENT # N03000008601
 1. Entity Name
CENTRO DE ADORACION REFUGIO ETERNO, INC.



40078724



Principal Place of Business
**911 SPRINGDALE CIRCLE
 PALM SPRINGS, FL 33461**

Mailing Address
**911 SPRINGDALE CIRCLE
 PALM SPRINGS, FL 33461**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04252005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**MARTINEZ, CHARLES M
 1091 EAST SHORE DRIVE
 WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent
 Name
VALENTIN FONTANEZ
 Street Address (P.O. Box Number is Not Acceptable)
911 SPRINGDALE CIRCLE
 City
PALM SPRINGS FL Zip Code
33461

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4-27-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANEZ, VALENTIN PASTOR 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MONSEY 2717 FLORIDA BLVD. #525 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEVES, WANDA 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONAZALEZ, RAFAEL 1104 MANGO DR. WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANEZ, SAMUEL 220 CYPRESS WAY NORTH WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANAYADA GONZALEZ 4746 CRESTHAVEN BLVD. # 3 WEST PALM BEACH, FL. 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4-27-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR