

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008601

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** CENTRO DE ADORACION REFUGIO ETERNO, INC.

**Current Principal Place of Business:**

6513 SPRING MEADOW DRIVE  
GREENACRES, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22602  
WEST PALM BEACH, FL 334162602

**New Mailing Address:**

**FEI Number:** 20-0369988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FONTANEZ, VALENTIN  
6513 SPRING MEADOW DRIVE  
GREENACRES, FL 33413 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: D  
Name: FONTANEZ, VALENTIN PASTOR  
Address: 6513 SPRING MEADOW DRIVE  
City-St-Zip: GREENACRES, FL 33461

Title: D  
Name: ROSARIO, MONSEY  
Address: 2717 FLORIDA BLVD. #525  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: NIEVES, WANDA  
Address: 6513 SPRING MEADOW DRIVE  
City-St-Zip: GREENACRES, FL 33413

Title: D  
Name: FONTANEZ, REINALDO  
Address: 900 DEL LAGO COURT - APT. #104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: SANTIAGO, RAMONA  
Address: 2660 HAVERHILL ROAD NORTH  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: MONSEY ROSARIO

D

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date