

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

02-10-2005 90038 016 ****61.25
05-02-2005 90504 006 ****70.00

20054145



DOCUMENT # N04000007087 1. Entity Name CENTRO INTERNACIONAL DE ALABANZA BOCA RATON, INC. CORAL SPRINGS					
Principal Place of Business 8527 PINES BLVD SUITE 208 PEMBROKE PINES, FL 33024			Mailing Address 8527 PINES BLVD SUITE 208 PEMBROKE PINES, FL 33024		
2. Principal Place of Business 6279 W. SAMPLE RD.		3. Mailing Address 6279 W. SAMPLE RD.		04262005 Chg-NP CR2E037 (10/03)	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 20-1154652	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33067		Country USA		6. Name and Address of Current Registered Agent AMAYA, ENRIQUE J 8527 PINES BLVD SUITE 208 PEMBROKE PINES, FL 33024	
Zip 33067		Country USA		7. Name and Address of New Registered Agent Name AMAYA, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 6279 W. SAMPLE ROAD City CORAL SPRINGS FL Zip Code 33067	
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 <u>[Signature]</u> / President. DATE <u>April 28, 2005</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAYA, ENRIQUE J 10661 SW 8TH STREET PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, DAVID 10653 SW 8TH STREET PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUYSHONDT, ALFREDO 201 SW 116 AVE #103 PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTILLO, ALEX 4311 SW 160TH AVE #204 MIRAMAR, FL 33027		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"/> Delete		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"/> Delete		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: <u>[Signature]</u> Enrique Amaya <u>April 28, 2005</u> / 85413250692 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					