

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007625

FILED  
Jan 20, 2005  
Secretary of State

**Entity Name:** CENTRO CRISTIANO DE AYUDA PARA LA MUJER O EL EMIGRANTE ABUSADO INC.

**Current Principal Place of Business:**

3600 S STATE ROAD 7  
363  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

13899 BISCAYNE BLV  
PH-7  
MIAMI, FL 33181 US

**Current Mailing Address:**

3600 S STATE ROAD 7  
363  
MIRAMAR, FL 33023 US

**New Mailing Address:**

13899 BISCAYNE BLV  
PH-7  
MIAMI, FL 33181 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

RUIZ, OSCAR DR  
3600 S STATE ROAD 7  
363  
MIRAMAR, FL 33023 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: DENISSE, GALLO NPA  
Address: 1900 W 68 ST  
City-St-Zip: HIALEAH, FL 33014 US

Title: VP ( ) Delete  
Name: ALICIA, FERNANDEZ CPA  
Address: 1900 W 68 ST  
City-St-Zip: HIALEAH, FL 33014 US

Title: VP ( ) Delete  
Name: LUZ SILVIA, GALLO  
Address: 1900 W 68 ST  
City-St-Zip: HIALEH, FL 33014 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENISSE GALLO

P

01/20/2005

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

\_\_\_\_\_  
Date