

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

DOCUMENT# N04000008683

Entity Name: CENTRO DE ALABANZA Y RESTAURACION INC.

**Current Principal Place of Business:**

3600 MC NEIL RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3600 MC NEIL RD  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 72-1589859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RAMOS, ABNER  
3600 MC NEIL RD  
APOPKA, FL 32703      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: PD      ( ) Delete  
Name: RAMOS, ABNER  
Address: 433 OPAL CT  
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: VD      ( ) Delete  
Name: RAMOS, YASMIN  
Address: 433 OPAL CT  
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: TD      ( ) Delete  
Name: CANCEL, FERDINAND  
Address: 433 OPAL CT  
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: S      ( ) Delete  
Name: MARTINEZ, YURIDIA  
Address: 433 OPAL CT  
City-St-Zip: ALTAMONTE SPNG, FL 32714

**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: ABNER RAMOS

PD

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date