

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008683

FILED  
May 24, 2010  
Secretary of State

**Entity Name:** CENTRO DE ALABANZA Y RESTAURACION INC.

**Current Principal Place of Business:**

360 NORTH STATE RD 434  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

360 NORTH STATE RD 434  
ALTAMONTE SPRING, FL 32714

**New Mailing Address:**

360 NORTH STATE RD 434  
ALTAMONTE SPRINGS, FL 32714

**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:**

FRANCISCO, CIRILO  
509 SONJA CIRCLE  
DAVENPORT, FL 33897      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  
**Name:** RAMOS, ABNER  
**Address:** 433 OPAL CT  
**City-St-Zip:** ALTAMONTE SPNG, FL 32714

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

**Title:** TD  
**Name:** FRANCISCO, CIRILO  
**Address:** 509 SONJA CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33897

**Title:** S  
**Name:** ACEVEDO, EFRAIN  
**Address:** 1667 TREMONT LANE  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** AP  
**Name:** LUIS, POMALES  
**Address:** 312 FEATHER PLACE  
**City-St-Zip:** LONGWOOD, FL 32779

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: ABNER RAMOS

PD

05/24/2010

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

\_\_\_\_\_  
Date