## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000432

FILED May 09, 2006 Secretary of State

DOCOM	IEN I# N05000000452	Sec	retary of State	
Entity Nan	ne: CENTRO DE AYUDA SOCIAL Y ED	DUCATIVA INC.		
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
90 NW 27 / MIAMI, FL				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
90 NW 27 / MIAMI, FL				
FEI Number: FEI Number Applied For ( ) FEI Nur In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t			of Status Desired ( )	
Name and	Address of Current Registered Agent	: Name and Address of New Regist	ered Agent:	
FARRIDO, ROBERTO M 90 NW 27 AVE MIAMI, FL 33125 US		GARRIDO, ROBERTO M 90 NW 27 AVE MIAMI, FL 33125 US	90 NW 27 AVE	
The above in the State	named entity submits this statement for t of Florida.	he purpose of changing its registered office or regi	istered agent, or both,	
SIGNATURE: ROBERTO M. GARRIDO		05/0	05/09/2006	
	Electronic Signature of Registered	Agent Da	te	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () Delete GARRIDO, ROBERTO M 1390 NW 29 AVE MIAMI, FL 33125	Title: () Change (), Name: Address: City-St-Zip:	Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete VALDES, JUAN 3231 NW 16 ST MIAMI, FL 33125	Title: ( ) Change ( ) A Name: Address: City-St-Zip:	Addition	
Title: Name: Address: City-St-Zip:	STD () Delete VALDES, DAISY G 3231 NW 16 ST MIAMI, FL 33125	Title: ( ) Change ( ) Andress: City-St-Zip:	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO M. GARRIDO PCD 05/09/2006