2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010217

FILED Apr 28, 2011 Secretary of State

Entity Name: CENTRO DE DESARROLLO DE LA FAMILIA, INC.

Current Principal Place of Business: New Principal Place of Business:

2990 RED BUG LAKE ROAD CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

2990 RED BUG LAKE ROAD CASSELBERRY, FL 32707

FEI Number: 20-5623177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ARTRECHE, VICTOR M REV. 2990 RED BUG LAKE ROAD CASSELBERRY, FL 32707 L

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: [

Name: ARTRECHE, VICTOR M REV.
Address: 335 GOOSECREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D

Name: FERNANDEZ, ALICIA DR. Address: 500 CEDAR BEND CIRCLE # 103

City-St-Zip: ORLANDO, FL 32825

Title: VD

Name: HERNANDEZ, JOSE C REV.
Address: 890 PENNY DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: F

Name: SILVA, HUGO DR.
Address: 9733 DORIATH CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: 9

Name: ARTRECHE, SANDRA K
Address: 335 GOOSECREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title:

 Name:
 DAVILA, CARMEN J

 Address:
 903 EVERGREEN AVENUE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701

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: SANDRA K ARTRECHE S 04/28/2011