


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90052 042 \*\*\*\*70.00

<b>DOCUMENT # N06000012150</b>	
1. Entity Name CENTRO MATER CHILD CARE SERVICES, INC.	

Principal Place of Business 8298 NW 103 ST. HIALEAH GARDENS, FL 33016	Mailing Address 8298 NW 103 ST. HIALEAH GARDENS, FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>4790 N. STATE ROAD 7</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>LAUDERDALE LAKES, FL</b>
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Zip	Country	Zip <b>33319</b>	Country <b>USA</b>
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02062007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-8083301</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  J. PATRICK FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAWSON, RALPH E 6855 RED ROAD #600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, RICHARD MR. 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENNESSEY, WILLIAM J REV. 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD VAUGHAN, JOHN REV. 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARREY, BUD MR. 1315 BAY TERRACE NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CATANIA, JOSEPH M 4790 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** JOSEPH M. CATANIA 2/6/07 954-484-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40021533

# 106 0000 12/50

FY 2007 Non-Profit Corporation Annual Report (UBR)  
Attachment - Additional Directors

D

Mr. Rudy J. Noriega  
3529 Gulfstream Way  
Davie, FL 33328

D

Ms. Josie Romano Brown  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D

Ms. Patricia Palamara  
4200 Mangrum Court  
Hollywood, FL 33021

D

Rev. Msgr. Franklyn M. Casale  
c/o 16400 N.W. 32 Avenue  
Miami, FL 33054

D

Mr. John Johnson  
c/o 4725 North Federal Hwy  
Fort Lauderdale, FL 33307

D

Rev. Msgr. Tomas Marin  
c/o 3900 N.W. 79 Avenue, Suite 731  
Miami, FL 33166

AS

J. Patrick Fitzgerald, Esq.  
110 Merrick Way, Suite 3B  
Coral Gables, FL 33134

D

Len T. Sperry, MD, PhD  
659 N.W. 38 Circle  
Boca Raton, FL 33431

D

Asif D. Jamal  
1028 Cotorro Avenue  
Coral Gables, FL 33146

D

John E. Matuska  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D

Ana Mederos  
c/o 4775 Collins Avenue, #1908  
Miami Beach, FL 33141

D

Mark J. Panciera  
c/o 4200 Hollywood Blvd.  
Hollywood, FL 33021

D

Kenneth C. Fischer, MD  
1190 N.W. 95 Street, #402  
Miami, FL 33150

D

Aurelio Fernandez  
c/o 5000 W. Oakland Park Blvd.  
Lauderdale Lakes, FL 33313