

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N06000012614

Entity Name: CENTRO DE ADORACION INTERNACIONAL INC.

**Current Principal Place of Business:**

1108 MAGNOLIA BLOSSOM COURT  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS RD  
PMB 311  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-5489613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BERMUDEZ, ENEIDA  
1108 MAGNOLIA BLOSSOM COURT  
APOPKA, FL 32712 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: P ( ) Delete  
Name: BERMUDEZ, HECTOR  
Address: 1108 MAGNOLIA BLOSSOM COURT  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: BERMUDEZ, ENEIDA  
Address: 1108 MAGNOLIA BLOSSOM COURT  
City-St-Zip: APOPKA, FL 32712

Title: ST ( ) Delete  
Name: URDANETA, ARLETH  
Address: 5993 LEE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BERMUDEZ, HECTOR L REV.  
Address: 1108 MAGNOLIA BLOSSOM COURT  
City-St-Zip: APOPKA, FL 32712

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: HECTOR L BERMUDEZ

P

04/14/2009

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

\_\_\_\_\_  
Date