

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008242

FILED
Jun 23, 2009
Secretary of State

Entity Name: CENTRO INTERNACIONAL CASAS DE AGUILAS,INC.

Current Principal Place of Business:

900 WEST 49TH STREET
SUITE 501
HIALEAH, FL 33012

New Principal Place of Business:

900 WEST 49TH STREET
SUITE 420
HIALEAH, FL 33012

Current Mailing Address:

900 WEST 49TH STREET
SUITE 501
HIALEAH, FL 33012

New Mailing Address:

900 WEST 49TH STREET
SUITE 420
HIALEAH, FL 33012

FEI Number: 41-2249816 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:

GRISALES-RACINI, OSCAR ESQ.
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
AVENTURA, FL 33180 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 () Delete
Name: SERRANO, DAGMARA
Address: 900 WEST 49TH STREET, SUITE 501
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: SERRANO, ROLANDO
Address: 900 WEST 49TH STREET, SUITE 501
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SERRANO, DAGMARA
Address: 900 WEST 49TH STREET, SUITE 420
City-St-Zip: HIALEAH, FL 33012

Title: VPD (X) Change () Addition
Name: SERRANO, ROLANDO
Address: 900 WEST 49TH STREET, SUITE 420
City-St-Zip: HIALEAH, FL 33012

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: SERRANO, DAGMARA

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date