

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000010406

1. Entity Name  
CENTRO GALLEG0 DE LA FLORIDA, INC.



Principal Place of Business  
960 WREN AVENUE  
MIAMI SPRINGS, FL 33166

Mailing Address  
960 WREN AVENUE  
MIAMI SPRINGS, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
41-2262171

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-GALLEGO, ROLANDO J  
960 WREN AVENUE  
MIAMI SPRINGS, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PEREZ-GALLEGO, ROLANDO J  
960 WREN AVENUE  
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500116367485  
01/29/08--01039--004 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FIGUEROA, CONSTANTINO  
13339 SW 88 STREET  
MIAMI, FL 33176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GOMEZ-RODRIGUEZ, FERNANDO  
960 WREN AVENUE  
MIAMI SPRINGS, FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
\$711/22

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NOVAS--CONDE, JUAN C  
4833 NW 107 PATH  
EL DORAL, FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SERRANO-CHORRO, VICTOR  
10015-1 NW 9TH. STREET CIRCLE  
MIAMI, FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GONZALEZ-COSTAS, EDELMIRO  
9421 SW 16 STREET  
MIAMI, FL 33173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #