

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005902

FILED
Mar 19, 2009
Secretary of State

Entity Name: CENTRO DE VIDA, INC.

Current Principal Place of Business:

3812 JOG RD.
GREEN ACRES, FL

New Principal Place of Business:

3812 JOG RD.
GREEN ACRES, FL 33467

Current Mailing Address:

3812 JOG RD.
GREEN ACRES, FL

New Mailing Address:

3812 JOG RD.
GREEN ACRES, FL 33467

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, OLGA V.
111 NICHOLAS CT.
KISSIMMEE, FL 34758 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: ARILES, FREDDIE
Address: 6874 W VIEW DR
City-St-Zip: LANTANA, FL 33462

Title: VP () Delete
Name: AVILES, YOLANDA
Address: 6874 W VIEW DR.
City-St-Zip: LANTANA, FL 33462

Title: T () Delete
Name: PABLO, VICTOR
Address: 121 S W 3RD CT.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: MARTINEZ, JORGE M.
Address: 3083 FLORIDA MANGO RD.
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AVILES, FREDY
Address: 6874 WESTVIEW DR
City-St-Zip: LANTANA, FL 33462

Title: VP (X) Change () Addition
Name: AVILES, YOLANDA
Address: 6874 WESTVIEW DR.
City-St-Zip: LANTANA, FL 33462

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: FREDY AVILES

PR

03/19/2009

Electronic Signature of Signing Officer or Director

Date