


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90077 024 ****75.00

DOCUMENT # N17519					
1. Entity Name CASA DE ESPANA DE LA FLORIDA CENTRAL, INC.					
Principal Place of Business 4922 S ORANGE AVE. ORLANDO FL 32806 <i>1700 Eogwather Drive</i>		Mailing Address P O BOX 300277 FERN PARK FL 32730 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2699834	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EWEN, MARIA T 5206 FORZLEY STREET ORLANDO FL 32812				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 <i>Maria T Ewen</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	P GOMEZ, MIGUEL 2319 DRIFTWOOD DRIVE FERN PARK FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, LUCILA 8810 HAVASV DR. ORLANDO FL 32829	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EWEN, MARIA T. 5206 FORZLEY STREET ORLANDO FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALINTO, ALBERTO 100 HOLT AVENUE, #2752 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, ERNEST 4922 S ORANGE AVENUE ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD VALDIVIA, TERESA 128 E LAUREN COURT FERN PARK FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← SAME	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Maria T Ewen</i> April 20, 2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E037 (11/03)

Applied For
Not Applicable