

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90286 019 ****75.00

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DOCUMENT # N17519

1. Entity Name
CASA DE ESPANA DE LA FLORIDA CENTRAL, INC.



Principal Place of Business Mailing Address

**4922 S. ORANGE AVE.
ORLANDO FL 32806** **P O BOX 300277
FERN PARK FL 32730
US**

90125732



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2699834** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EWEN, MARIA T
5206 FORZLEY STREET
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

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 *Maria T Ewen* DATE *April 27, 2003*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOMEZ, MIGUEL	
STREET ADDRESS	2319 DRIFTWOOD DRIVE	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	V	<input type="checkbox"/> Delete
NAME	PANIAGUA, ROSARIO	
STREET ADDRESS	100 HOLT AVENUE, #2752	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	EWEN, MARIA T	
STREET ADDRESS	5206 FORZLEY STREET	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALINTO, ALBERTO	
STREET ADDRESS	100 HOLT AVENUE, #2752	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANO, ERNEST	
STREET ADDRESS	4922 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PRD	<input type="checkbox"/> Delete
NAME	VALDIVIA, TERESA	
STREET ADDRESS	128 E LAUREN COURT	
CITY-ST-ZIP	FERN PARK FL 32730	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LUCILA REYNOLDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8810 HAYASU DR.	
CITY-ST-ZIP	ORLANDO FLORIDA 32829	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *Maria T Ewen* DATE *April 29, 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davima Phone #

CR2E037 (10/02)