2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25314

FILED Apr 30, 2006 Secretary of State

Entity Name: CENTRO DE DERECHOS HUMANOS/CENTER OF HUMAN RIGHTS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
335 FLUVIA CORAL GA	A ABLES, FL 3313	34 US					
Current Mailing Address:				New Mailing Address:			
335 FLUVIA CORAL GABLES, FL 33134				335 FLUVIA CORAL GABLES, FL 33134 US			
FEI Number:	65-0065616	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certific	ate of Status Desired (X)
Name and	Address of Cu	rrent Registered Agent:		Name and	Address o	of New Reg	gistered Agent:
The above	N ROAD CH, FL 33140 named entity su	US bmits this statement for the pu	rpose of	f changing it	ts registere	d office or	registered agent, or both,
in the State							
SIGNATUR		Signature of Registered Agen	ıt				 Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () C PERMUY, JESUS 335 FLUVIA CORAL GABLES,			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	V () D LOREDO, MIGUE 135 W 31 ST NEW YORK, NY			Title: Name: Address: City-St-Zip:	V LOREDO, N 135 W 31 S NEW YORK	/IIGUEL A	() Addition
Title: Name: Address: City-St-Zip:	TD () D BRIZ, MARIE C 335 FLUVIA CORAL GABLES,	elete FL 33134 US		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	SD () D NUNEZ, NEIL 1617 SW 136 PL MIAMI, FL 33175			Title: Name: Address: City-St-Zip:	D NUNEZ, NE 1617 SW 13 MIAMI, FL	IL 36 PL	() Addition
Title: Name: Address: City-St-Zip:	D () C COSTA, JOSE A 380 E. 35 ST., #1 HIALEAH, FL 330			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	()[elete		Title: Name: Address: City-St-Zip:	SD GARCIA, RI 6030 SW 9 MIAMI, FL	CARDO 2 CT	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: JESUS A. PERMUY PD 04/30/2006