2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N25314

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

Current Principal Place of Business:

335 FLUVIA
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

335 FLUVIA
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0065616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA, JORGE L.
4410 ALTON ROAD
MIAMI BEACH, FL 33140 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:	PD	( ) Delete
Name:	PERMUY, JESUS A	
Address:	335 FLUVIA	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	V	( ) Delete
Name:	LOREDO, MIGUEL A	
Address:	135 W 31 ST	
City-St-Zip:	NEW YORK, NY 10001 US	
Title:	TD	( ) Delete
Name:	BRIZ, MARIE C	
Address:	335 FLUVIA	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	D	( ) Delete
Name:	NUNEZ, NEIL	
Address:	1617 SW 136 PL	
City-St-Zip:	MIAMI, FL 33175 US	
Title:	D	( ) Delete
Name:	COSTA, JOSE A	
Address:	380 E. 35 ST., #10	
City-St-Zip:	HIALEAH, FL 33013 US	
Title:	SD	( ) Delete
Name:	GARCIA, RICARDO	
Address:	6030 SW 92 CT	
City-St-Zip:	MIAMI, FL 33173 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JESUS A. PERMUY PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date