


**2005 NOT-FOR-PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90004 034 ****70.00

DOCUMENT # N94000002229					
1. Entity Name CENTRO CULTURAL LATINOAMERICANO INC.					
Principal Place of Business 1263 S MILITARY TR WEST PALM BEACH, FL 33415			Mailing Address PO BOX 6474 LAKE WORTH, FL 33466-6474		
2. Principal Place of Business 3405 Forest Hill Blvd.		3. Mailing Address			
Suite, Apt. #, etc. West Palm Beach		Suite, Apt. #, etc.			
City & State FL		City & State			
Zip 33406	Country Palm Beach	Zip	Country	05192005	Chg-NP CR2E037 (10/03)
4. FEI Number 65-0579660				Applied For Not Applicable	
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		
CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS 301 BROADWAY, SUITE 300 RIVIERA BEACH, FL 33404			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input 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	PD AZANZA, JOAQUIN 5831 DEWITT PLACE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leah Suri 7963 Nautica Way Lake Worth, FL. 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERA, LINDA PO BOX 222584 WEST PALM BEACH, FL 33422	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank More, Jr. 3919 Victoria Dr. West Palm Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, LUISA 6336 ETHAN DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mabel Cardec 6523 Spring Meadow Dr. Greenacres, FL. 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEYVA, FERNANDO 2545 LAKEHAVEN RD WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martha Blanco 172 Jamaica Dr. Palm Spring, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMERSTEIN, SANDRA 3301 GUN CLUB RD. WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Morena Molina 827 Skypine Way A-1 Greenacres, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jorge Lopez 6228 Willowgby Cir. Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Martha M. Pardo</i>			6/2/05		561-969-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
Martha M. Pardo, Exec. Director					