

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90179 034 \*\*\*\*70.00

**DOCUMENT # N94000002229**

1. Entity Name  
**CENTRO CULTURAL LATINOAMERICANO INC.**



Principal Place of Business  
**3554 LAKE WORTH RD  
LAKE WORTH, FL 33461**

Mailing Address  
**PO BOX 6474  
LAKE WORTH, FL 33466-6474**

40055500



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0487635**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$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 **Colombian Chamber of Commerce**

Street Address (P.O. Box Number is Not Acceptable)

**P.O. BOX 9522**

City **Coral Springs**

FL Zip Code **33075**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2008

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **PD DIAZ, LISSETTE**  
STREET ADDRESS **5730 CORPORATE WAY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☒ Addition  
NAME **PD JAMES SOTO**  
STREET ADDRESS **5070 SW 24 ST**  
CITY-ST-ZIP **PLANTATION - FL 33317**

TITLE ☒ Delete  
NAME **VP ENCINOSA, BELCI**  
STREET ADDRESS **5514 WESTERN AVE.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ Addition  
NAME **VP CORLOS BONACIA**  
STREET ADDRESS **P.O. BOX 9522**  
CITY-ST-ZIP **CORAL SPRINGS - FL 33075**

TITLE ☒ Delete  
NAME **S NOSSA, JOHANNA**  
STREET ADDRESS **1545 LOSAHATCHEE DR.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☐ Addition  
NAME **S CONTANZA**  
STREET ADDRESS **P.O. BOX 9522**  
CITY-ST-ZIP **CORAL SPRINGS - FL 33075**

TITLE ☒ Delete  
NAME **T RODRIGUEZ, EDITH**  
STREET ADDRESS **2800 NORTH FLAGLER DR. #1014**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☐ Addition  
NAME **T SAMUEL GARCIA**  
STREET ADDRESS **P.O. BOX 9522**  
CITY-ST-ZIP **CORAL SPRINGS - FL 33075**

TITLE ☒ Delete  
NAME **V BLANCO, MARTHA**  
STREET ADDRESS **3554 LAKE WORTH RD.**  
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **V RODRIGUEZ, ELBA**  
STREET ADDRESS **4201 WESTGATE AVE. SUITE A11**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2008