


# 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**

40055507



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0487635**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS  
 301 BROADWAY, SUITE 300  
 RIVIERA BEACH, FL 33404**

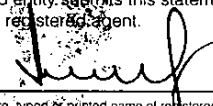
7. Name and Address of New Registered Agent

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  DATE **4/29/2008**

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

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

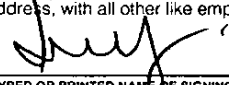
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, LISSETTE 5730 CORPORATE WAY WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENCINOSA, BELCI 5514 WESTERN AVE. WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOSSA, JOHANNA 1545 LOSAHATCHEE DR. WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, EDITH 2800 NORTH FLAGLER DR. #1014 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANCO, MARTHA 3554 LAKE WORTH RD. LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ELBA 4201 WESTGATE AVE. SUITE A11 WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES SOTO 5070 SW 24 ST PLANTATION - FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLOS BONACIA P.O. BOX 9522 CORAL SPRINGS - FL 33075 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONTANZA P.O. BOX 9522 CORAL SPRINGS - FL 33075 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMUEL GARCIA P.O. BOX 9522 CORAL SPRINGS - FL 33075 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/29/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR