

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002383

1. Entry Name
**CENTRO LATINO-AMERICANO DE MISIONES Y
ENTRENAMIENTO, INC.**



Principal Place of Business
**15710 SW 109 AVE.
MIAMI, FL 33157**

Mailing Address
**P O BOX 832555
MIAMI, FL 33283**



04152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0515097

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIBEIRO, GERSON
11100 SW 156 ST
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000127525
04/26/04-80001-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIBEIRO, GERSON 15710 SW 109 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELDER, RICHARD 8306 MILLS DRIVE, #362 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RIBEIRO, ELISA 15710 SW 109 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD HENRY DAVID CENTENO CORDOBA 11035 SW 156 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

04-19-04

(305) 253.4493