


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002383</b>		
1. Entity Name <b>CENTRO LATINO-AMERICANO DE MISIONES Y ENTRENAMIENTO, INC.</b>		
Principal Place of Business <b>15710 SW 109 AVE. MIAMI, FL 33157</b>	Mailing Address <b>P O BOX 832555 MIAMI, FL 33283</b>	



04262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0515097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RIBEIRO, GERSON 11100 SW 156 ST MIAMI, FL 33157</b>
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**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, 2005**

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

**000000347354  
04/30/05-80111-020 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>RIBEIRO, GERSON 15710 SW 109 AVE MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>FELDER, RICHARD 8306 MILLS DRIVE, #362 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>RIBEIRO, ELISA 15710 SW 109 AVE MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD <b>HENRY DAVID CENTENO CORDOBA 11035 SW 156 TERR MIAMI, FL 33157</b>
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:** Gerson Ribeiro GERSON RIBEIRO 04-25-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #