


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002383		
1. Entity 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	



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0515097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 May 1, 2007**

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

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

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05/03/07-80008-009 61.25

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: Gerson R. Ribeiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07

Date Daytime Phone #