

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002383

FILED
Apr 27, 2008
Secretary of State

Entity Name: CENTRO LATINO-AMERICANO DE MISIONES Y ENTRENAMIENTO, INC.

Current Principal Place of Business:

15710 SW 109 AVE.
MIAMI, FL 33157

New Principal Place of Business:

15710 SW 109 AVE
MIAMI, FL 33157

Current Mailing Address:

P O BOX 832555
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0515097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIBEIRO, GERSON
Address: 15710 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: FELDER, RICHARD
Address: 8306 MILLS DRIVE, #362
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: RIBEIRO, ELISA
Address: 15710 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: TSD () Delete
Name: HENRY DAVID CENTENO, CORDOBA
Address: 11035 SW 156 TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERSON RIBEIRO

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date