

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004429

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CENTRO CULTURAL BOLIVIANO MASIS, CORP.

**Current Principal Place of Business:**

1051 SW 73 AVE.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

1051 SW 73 AVE.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0526394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEREDIA, NILDA  
1051 SW 73 AVE.  
MIAMI, FL 33144 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: HEREDIA, NILDA  
Address: 1051 SW 73 AVE.  
City-St-Zip: MIAMI, FL 33144

Title: T ( ) Delete  
Name: HEREDIA, ROLANDO  
Address: 1213 SOUTH WEST 23 RD STREET  
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete  
Name: ROJAS, MUSIDATAN  
Address: 341 EAST 64TH STREET  
City-St-Zip: HIALEAH, FL 33013

Title: VP ( ) Delete  
Name: MORGAN, DARIOUS  
Address: 1450 SOUTH BAY SHORE DR  
City-St-Zip: MIAMI, FL 33131

**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: NILDA HEREDIA

PD

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date