


FILED
May 05, 2004 8:00 am
Secretary of State

4/7/20

04-07-2004 90036 020 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000944			
1. Entity Name CENTRO CULTURAL RESACRUZ AMORC-HIALEAH, INC.			
Principal Place of Business 10550 N.W. 77TH COURT 223 HIALEAH GARDENS, FL 33016		Mailing Address 3495 WEST 13 AVENUE HIALEAH, FL 33012	
2. Principal Place of Business 1671 W. 37 Street Suite, Apt. #, etc. Ste # 8 City & State HIALEAH, FL Zip 33012 Country U.S.A.		3. Mailing Address 1671 WEST 37 Street Suite, Apt. #, etc. # 8 City & State HIALEAH, FL Zip 33012 Country U.S.A.	
4. FEI Number 65-0745575		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent RODRIGUEZ, TERESA 3495 W 11 AVENUE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: Armando Arbucias Street Address (P.O. Box Number is Not Acceptable) 739 NW 134 PLACE City: Miami, FL Zip Code: 33182	
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: <u>[Signature]</u> (ARMANDO ARBUCIAS) DATE: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RODRIGUEZ, TERESA 3495 W. 13 AVENUE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Armando ARBUCIAS 739 NW 134 PL Miami FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD IGLESIAS, ALFONSO 1801 E. 1ST AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ROSALBA MORA 8036 NW 129 TER Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD MUXON, RENE 738 E. 53 ST HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAYIA ARBUCIAS 739 NW 134 PL Miami, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: <u>[Signature]</u> DATE: 4/28/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			