


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90009 014 \*\*\*\*70.00

DOCUMENT # N97000000944  
 1. Entity Name  
 CENTRO CULTURAL ROSACRUZ AMORC-HIALEAH, INC.



Principal Place of Business  
 1671 W 37 STREET  
 STE # 8  
 HIALEAH, FL 33012

Mailing Address  
 1671 W 37 STREET  
 STE # 8  
 HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0745575

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

ARBUCIGS, ARMANDO  
 739 NW 134 PLACE  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name  
 NADJA RAPOSO

Street Address (P.O. Box Number is Not Acceptable)  
 2101 57 AVE

City  
 HOLLYWOOD FL Zip Code  
 33021

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 *N-J-Raposo* DATE 03/22/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JOSE <input checked="" type="checkbox"/> Delete 6363 S.W. 42ND TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, TERESA <input type="checkbox"/> Delete 3495 S. 13TH AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARBUCIGS, MARIA <input type="checkbox"/> Delete 739 N.W. 134TH PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NADJA RAPOSO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 N 57 AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 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: *Devisi Rodriguez* Date 3/22/06 Daytime Phone # 305-556-0606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR