

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000944

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** CENTRO CULTURAL ROSACRUZ AMORC-HIALEAH, INC.

**Current Principal Place of Business:**

1671 W 37 STREET  
STE # 8  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1671 W 37 STREET  
STE # 8  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0745575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROPPOLO, MARTHA  
6930 NW 179 ST #303  
MIAMI, FL 33015 US

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

RIVERA, MIGUEL  
7090 BONITA DR #415  
MIAMI BEACH, FL 33141 US

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: MIGUEL RIVERA

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROPPOLO, MARTHA  
Address: 6930 NW 179 ST #303  
City-St-Zip: MIAMI, FL 33015

Title: SD ( ) Delete  
Name: RUBIO, HILDA  
Address: 7300 W 18 AVE  
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete  
Name: TRAVIESO, NILDA  
Address: 8325 W 24 AVE  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIVERA, MIGUEL  
Address: 7090 BONITA DR #415  
City-St-Zip: MIAMI BEACH, FL 33141

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: MIGUEL RIVERA

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date