2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# N97000001969

Entity Name: CENTRO INTERNATIONAL RESPLANDECE, INC.

Current Principal Place of Business:

701 CAMELLIA DR.
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

927 PONDELLA DR.
NORTH FORT MYERS, FL 33903

Current Mailing Address:

1228 EVEREST PKWY
CAPE CORAL,, FL 33904

New Mailing Address:

FEI Number: 65-0782390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: D ( ) Delete
Name: DENIS, ROSA M
Address: 1228 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: PARRA, AMPARO
Address: 330 S E 47 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: QUIÑONES, REY
Address: 4704 STA. BARBARA BLVD.
City-St-Zip: CAPE CORL, FL 33904

Title: D ( ) Delete
Name: VALDIVIA, MARIA E
Address: 1228 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ROSARIO, NIDZA
Address: 15061 WOODRICH BEND CT. # 390
City-St-Zip: FORT MYERS, FL 33908

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

Title: D ( ) Change (X) Addition
Name: ALEMAN, ZORAIDA
Address: 4529 SKYLINE BLVD.
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSA M. DENIS D 01/28/2005

Electronic Signature of Signing Officer or Director — Date