

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 11, 2005
Secretary of State

DOCUMENT# N97000001969

Entity Name: CENTRO INTERNATIONAL RESPLANDECE, INC.**Current Principal Place of Business:**927 PONDELLA DR.
NORTH FORT MYERS, FL 33903**New Principal Place of Business:****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 ()****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 (X) Delete
Name: ROSARIO, NIDZA
Address: 15061 WOODRICH BEND CT. # 390
City-St-Zip: FORT MYERS, FL 33908**Title:** D () Delete
Name: VALDIVIA, MARIA E
Address: 1228 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904**Title:** D () Delete
Name: ALEMAN, ZORAIDA
Address: 4529 SKYLINE BLVD.
City-St-Zip: CAPE CORAL, FL 33914**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

05/11/2005

Electronic Signature of Signing Officer or Director

Date