

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001969

FILED
May 31, 2008
Secretary of State

Entity Name: CENTRO INTERNATIONAL RESPLANDECE, INC.

Current Principal Place of Business:

1228 EVEREST PKWY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1228 EVEREST PKWY
CAPE CORAL,, FL 33904

New Mailing Address:

1228 EVEREST PKWY
CAPE CORAL, FL 33904

FEI Number: 65-0782390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 2110 N.E 20TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

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

Title: D () Delete
Name: VALDIVIA, MARIA E
Address: 2110 N.E. 20TH AVE
City-St-Zip: CAPE CORAL, FL 33909

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: DENIS, ROSA M
Address: 2110 NE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33909

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: ROSA M DENIS

D

05/31/2008

Electronic Signature of Signing Officer or Director

Date