


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90043 036 \*\*\*\*61.25

**DOCUMENT # N97000002616**

1. Entity Name  
**CENTRO DE ARTES Y OFICIOS DE LA SALLE INC.**



Principal Place of Business <b>31250 S W 134TH AVENUE          HOMESTEAD, FL 33030 US</b>	Mailing Address <b>31250 S W 134TH AVENUE          HOMESTEAD, FL 33030 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



01022008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0759494</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DORADO, JOSE M  
 4050 SW 134TH AVE  
 MIAMI, FL 33175**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008**

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	DP	<input type="checkbox"/> Delete
NAME	DORADO, JOSE M	
STREET ADDRESS	4050 SW 134TH AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GONZALEZ, JULIO P	
STREET ADDRESS	8770 SW 97 TERR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	2617 SW 18TH ST	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROMO-FRAGOSO, SALVADOR	
STREET ADDRESS	13780 SW 73RD CT	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TEJERA, JUAN J	
STREET ADDRESS	13525 SW 23 STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARREDO, JOSE R	
STREET ADDRESS	19641 NW 83RD AVE	
CITY-ST-ZIP	MIAMI, FL 33015	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DT RODRIGUEZ, RAMON</b>	
STREET ADDRESS	<b>2617 SW 18th ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** JOSE H. DORADO 1/1/08 786-525-5259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #