

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004789

FILED
Apr 06, 2007
Secretary of State

Entity Name: CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA, INC.

Current Principal Place of Business:

1548 S SEMORAN BLVD
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 574316
ORLANDO, FL 328574316 US

New Mailing Address:

1548 S SEMORAN BLVD
ORLANDO, FL 32807 US

FEI Number: 59-3461381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, JUDITH M
2605 HILLIARD CT
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ROJAS, JUDITH M
2650 HILLIARD CT
KISSIMMEE, FL 34744 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: MATILDE ZAVALA

04/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: ROJAS, JUDITH M
Address: 2650 HILLIARD CT
City-St-Zip: KISSIMMEE, FL 34746 US

Title: TREA () Delete
Name: MATILDE, ZAVALA
Address: 1548 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MATILDE ZAVALA

TREA

04/06/2007

Electronic Signature of Signing Officer or Director

Date