

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004789

FILED  
Apr 29, 2009  
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:**

2650 HILLIARD CT  
KISSIMMEE, FL 34744 US

**Current Mailing Address:**

1548 S SEMORAN BLVD  
ORLANDO, FL 32807 US

**New Mailing Address:**

2650 HILLIARD CT.  
KISSIMMEE, FL 34744 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  
2650 HILLIARD CT  
KISSIMMEE, FL 34744 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: 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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COBD (X) Change ( ) Addition  
Name: ROJAS, JUDITH M DIRECTO  
Address: 2650 HILLIARD CT  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TREA (X) Change ( ) Addition  
Name: CHARLYN, CASTRO  
Address: 2650 HILLIARD CT.,  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: O/D ( ) Change (X) Addition  
Name: SOLER, ANA  
Address: 3622 LAKEVIEW DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: O/D ( ) Change (X) Addition  
Name: REYES, JOSE  
Address: 2650 HILLIARD CT.  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SEC. ( ) Change (X) Addition  
Name: CENTRO DE CULTURA PUERTORRIQUENA DE FLORID  
Address: 2650 HILLIARD CT.  
City-St-Zip: KISS, FL 34744 US

Title: O/DO ( ) Change (X) Addition  
Name: GONZALEZ, JUSTINA O/D  
Address: 1023 RIVERCON  
City-St-Zip: ORLANDO, FL 32825 US

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: JUDITH M.. ROJAS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date