

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004789

FILED  
May 03, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2650 HILLIARD CT  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

2650 HILLIARD CT.  
KISSIMMEE, FL 34744 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 ( )**  
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:**

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  
Name: ROJAS, JUDITH M DIRECTO  
Address: 2650 HILLIARD CT  
City-St-Zip: KISSIMMEE, FL 34744 US

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

Title: O/D  
Name: RIVERA, MIKE  
Address: 1309 BLACK WILLOW TR.  
City-St-Zip: ALTAMONTE SIRPINGS, FL 32714 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDITH M. ROJAS

DIR.

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date