2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004073

1. Entity Name
CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPORATED

Principal Place of Business	Mailing Address
1800 W 68 STREET SUITE 137 HIALEAH, FL 33014	1800 W 68 STREET SUITE 137 HIALEAH, FL 33014

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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0849433

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAIME, JULIO
1800 W 68 STREET
SUITE 137
HIALEAH, FL 33014

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JAIME, JULIO
STREET ADDRESS	6930 NW 177 SUITE O-103
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	DS
NAME	JAIME, CLAUDIA
STREET ADDRESS	6930 NW 177 ST SUITE O-103
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	DV
NAME	ABAD, JORGE G
STREET ADDRESS	6962 NW 179 STREET AP 211
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	ABAD, YENISET
STREET ADDRESS	6962 NW 179 STREET AP 211
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JULIO JAIME 4/8/05 305-364-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #