


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 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**

**16098 W. STATE RD 84  
 SUITE 2  
 SUNRISE, FL 33326**

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0849433**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRERA, HERNAN J  
 5420 SW 130 AVE  
 MIRAMAR, FL 33027**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRERA, HERNAN J PRESIDE 5420 SW 130 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARRERA, MICHELLE SEC 5420 SW 130 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOSE, CHAPMAN VICEP 13249 SW 50 ST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, ALVARO 444 LAKEVIEW DR WESTON, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000480941  
 04/11/06-80011-012 61.25

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*      Date: **03/20/06**      Daytime Phone #: **(954) 385-2442**