

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2007
Secretary of State**

DOCUMENT# N98000004073

Entity Name: CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPORATED

Current Principal Place of Business:

1800 W 68 STREET
SUITE 137
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0849433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRERA, HERNAN J
5420 SW 130 AVE
MIRAMAR, FL 33027 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: DP () Delete
Name: BARRERA, HERNAN J PRESIDE
Address: 5420 SW 130 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: BARRERA, MICHELLE SEC
Address: 5420 SW 130 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: DV () Delete
Name: JAIME, JULIO VICEP
Address: 6930 NW 177 ST #0-103
City-St-Zip: MIAMI, FL 33015

Title: TD () Delete
Name: SANCHEZ, ALVARO
Address: 444 LAKEVIEW DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JULIO JAIME

DV

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date