

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2009  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BARRERA, HERNAN J  
983 NANDINA DRIVE  
WESTON, FL 33327 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: 983 NANDINA DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: DS ( ) Delete  
Name: BARRERA, MICHELLE SEC  
Address: 983 NANDINA DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: DV ( ) Delete  
Name: JAIME, JULIO VICEP  
Address: 1947 NW 171 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: TD ( ) Delete  
Name: SANCHEZ, ALVARO  
Address: 1052 GOLDEN CANE DRIVE  
City-St-Zip: WESTON, FL 33327 US

**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: ALVARO SANCHEZ

TD

02/11/2009

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

\_\_\_\_\_  
Date