

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000618

FILED
May 12, 2005
Secretary of State

Entity Name: ASOCIACION CIVICO-SOCIAL PANAMENA FLORIDA CENTRAL INC.

Current Principal Place of Business:

P O BOX 678284
ORLANDO, FL 328678284

New Principal Place of Business:

Current Mailing Address:

P O BOX 678284
ORLANDO, FL 328678284

New Mailing Address:

FEI Number: 59-3584968 **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:

Name and Address of New Registered Agent:

MATIAS, VERONICA
1208 TWIN RIVERS BLVD
OVIEDO, FL 32766 US

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: PRES () Delete
Name: MATIAS, VERONICA
Address: 1208 TWIN RIVERS BLVD
City-St-Zip: OVIEDO, FL 32766

Title: VICE () Delete
Name: RAMOS, JANET
Address: P.O BOX 384
City-St-Zip: MASCOTE, FL 34753

Title: SEC () Delete
Name: FERNANDEZ, YARENIS J
Address: P.O. BOX 384
City-St-Zip: MASCOTE, FL 34753

Title: TRE () Delete
Name: RODRIGUEZ, DORITA
Address: 4515 BOND LANE
City-St-Zip: OVIEDO, FL 32765

Title: ASS (X) Delete
Name: HENLON, ROSA
Address: 13563 OLD DOCK RD
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VICE (X) Change () Addition
Name: RAMOS, JANETH
Address: P.O BOX 384
City-St-Zip: MASCOTE, FL 34753

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

Title: TRE (X) Change () Addition
Name: HENLON, ROSA
Address: 13563 OLD DOCK RD
City-St-Zip: ORLANDO, FL 32828

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERONICA MATIAS

PRES

05/12/2005

Electronic Signature of Signing Officer or Director

Date