

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000618

FILED  
Mar 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1208 TWIN RIVERS BLVD  
OVIEDO, FL 32766

**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 ( )**

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

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

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

Title: SEC ( ) Delete  
Name: MARLENE, AGOSTINI A  
Address: 2733 CORDGRASS ST.  
City-St-Zip: OVIEDO, FL 32765

Title: TRE ( ) Delete  
Name: IVETTE, GRAULAU  
Address: 2747 REGENCY OAK LANE  
City-St-Zip: ORLANDO, FL 32833

**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: VERONICA MATIAS

PRES

03/14/2009

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

\_\_\_\_\_  
Date