

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-05-2004 90193 021 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

66425350



03212003 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3659872 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, JULIO
 8614 BRACKENWOOD DR.
 ORLANDO, FL 32829

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	CEREVAS, SIXTO	
STREET ADDRESS	2390 W OAKRIDGE, STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	DP	☐ Delete
NAME	HERRERA, JOSE	
STREET ADDRESS	2390 W OAKRIDGE RD. STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP	☐ Delete
NAME	VARGAS, MARIA	
STREET ADDRESS	2390 OAKRIDGE RD STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	T	☒ Delete
NAME	AGRANONTE, BERNANDINA	
STREET ADDRESS	2390 W OAKRIDGE, STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	☐ Delete
NAME	HERNANDEZ, SONIA	
STREET ADDRESS	2390 W OAKRIDGE, STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	S	☐ Delete
NAME	VANDERHOLDS, ILMINADA	
STREET ADDRESS	2390 W OAKRIDGE, STE 102	
CITY-ST-ZIP	ORLANDO, FL 32809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	MARIA VARGAS	
STREET ADDRESS	2002 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VP	☐ Change ☒ Addition
NAME	Pablo Tirado	
STREET ADDRESS	2002 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sonia Hernandez 04-22-04 407-228-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

5/5/2004-90193-021-\$61.25-\$61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000004095			
1. Entity Name SOCIEDAD DOMINICANA DE LA FLORIDA CENTRAL, INC.			
Principal Place of Business 2390 W. OAKRIDGE RD. STE 102 ORLANDO, FL 32809		Mailing Address 2390 W. OAKRIDGE RD. STE 102 ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address 2002 Curry Ford Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
32809	U.S.A.	32809	U.S.A.
4. FEI Number 59-3659872		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLINA, JULIO 8614 BRACKENWOOD DR. ORLANDO, FL 32829			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEREVAS, SIXTO 2390 W OAKRIDGE, STE 102 ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Maria Vargas 2002 Curry Ford Rd Orlando, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRERA, JOSE 2390 W. OAKRIDGE RD. STE 102 ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Pablo Tirado 2002 Curry Ford Rd Orlando, FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGAS, MARIA 2390 OAKRIDGE RD STE 102 ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGRANONTE, BERNANDINA 2390 W OAKRIDGE, STE 102 ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, SONIA 2390 W OAKRIDGE, STE 102 ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANDERHOLDS, ILMINADA 2390 W OAKRIDGE, STE 102 ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  - Julio Molina		Date: 04-22-04 407-228-4757	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	