


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004317					
1. Entity Name CENTRO CULTURAL DE PUERTO RICO EN EL SUR DE LA FLORIDA, INC.					
Principal Place of Business 1400 SALCEDO ST. APT. 401 CORAL GABLES FL 33134			Mailing Address P.O. BOX 6621 MIAMI FL 33152		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-0947916				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACEVEDO, PETER 8825 SW 17 TERRACE MIAMI FL 33165			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 reinstating) _____ DATE _____					



1st MOORE CR2E037 (10/04)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD VENEGAS, NORAH 1400 SALCEDO ST. CORAL GABLES FL 33134	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  02/22/05-80006-014 61.25
TITLE	STD PONTON, ELSA 8852 WS 4 LN MIAMI FL 33174	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ORTIZ, VICTOR 7440 SW 100 CT. MIAMI FL 33174	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FIGUEROA, SILVIA 3795 W 7 CT MIAMI FL 33012	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V AVEVEDO, PETER 9288 N.W. 17 ST CORAL SPRINGS FL 33071	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D RODRIGUEZ, JOSE L 7018 N.W. 39 CT. CORAL SPRINGS FL 33065	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Victor Ortiz - Victor Ortiz 2/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR