

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90137 018 \*\*\*\*61.25

**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.

03022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0947916**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**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

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 May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME VENEGAS, NORAH  
STREET ADDRESS 1400 SALCEDO ST.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME PONTON, ELSA  
STREET ADDRESS 8852 WS 4 LN  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ORTIZ, VICTOR  
STREET ADDRESS 7440 SW 100 CT.  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FIGUEROA, SILVIA  
STREET ADDRESS 3795 W 7 CT  
CITY-ST-ZIP MIAMI, FL 33012

TITLE ☐ Change ☒ Addition  
NAME **TREAS. GLORIA S. RUIZ**  
STREET ADDRESS **6065 NW 167 ST #B10**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE V ☐ Delete  
NAME AVEVEDO, PETER  
STREET ADDRESS 9288 N.W. 17 ST  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RODRIGUEZ, JOSE L  
STREET ADDRESS 7018 N.W. 39 CT.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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 exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**GLORIA S. RUIZ, TREAS.**

**4/11/06 (305) 557-1588**