


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90103 037 \*\*\*\*61.25

<b>DOCUMENT # N99000004317</b> 1. Entity Name CENTRO CULTURAL DE PUERTO RICO EN EL SUR DE LA FLORIDA, INC.	
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40047714



Principal Place of Business 1400 SALCEDO ST. APT. 401 CORAL GABLES, FL 33134	Mailing Address P.O. BOX 6621 MIAMI, FL 33152
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03192007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0947916	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  ACEVEDO, PETER 8825 SW 17 TERRACE MIAMI, FL 33165	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VENEGAS, NORAH <input type="checkbox"/> Delete 1400 SALCEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PONTON, ELSA <input type="checkbox"/> Delete 8852 WS 4 LN MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, VICTOR <input type="checkbox"/> Delete 7440 SW 100 CT. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, GLORIA S <input checked="" type="checkbox"/> Delete 6065 NW 167 ST., #B10 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVEVEDO, PETER <input type="checkbox"/> Delete 9288 N.W. 17 ST CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE L <input type="checkbox"/> Delete 7018 N.W. 39 CT. CORAL SPRINGS, FL 33065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONES, ANDRES <input type="checkbox"/> Change <input type="checkbox"/> Addition 16146 SW 66 TERR. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. ACEVEDO, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andres Donas Andres Donas

03-23-07 305-386-6814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #