

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004317

FILED
Apr 15, 2009
Secretary of State

Entity Name: CENTRO CULTURAL DE PUERTO RICO EN EL SUR DE LA FLORIDA, INC.

Current Principal Place of Business:

1400 SALCEDO ST.
APT. 401
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 442775
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0947916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACEVEDO, PETER
8825 SW 17 TERRACE
MIAMI, FL 33165 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: PD () Delete
Name: VENEGAS, NORAH
Address: 1400 SALCEDO ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: PONTON, ELSA
Address: 8852 WS 4 LN
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: ORTIZ, VICTOR
Address: 7440 SW 100 CT.
City-St-Zip: MIAMI, FL 33174

Title: T () Delete
Name: DONES, ANDRES
Address: 16146 SW 66 TERR
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: ACEVEDO, PETER
Address: 9288 N.W. 17 ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: RODRIGUEZ, JOSE L
Address: 7018 N.W. 39 CT.
City-St-Zip: CORAL SPRINGS, FL 33065

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
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Address:
City-St-Zip:

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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: ANDRES DONES

Electronic Signature of Signing Officer or Director

TREA

04/15/2009

Date