

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90004 001 ***150.00

DOCUMENT # P00000088030					
1. Entity Name CENTRO DE SERVICIOS NICARAGUENSES WEST MIAMI, INC.					
Principal Place of Business 8532 SOUTHWEST 8TH STREET SUITE#292 MIAMI FL 33144			Mailing Address 5602 SOUTHWEST 1ST STREET MIAMI FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3560 EAST 8 COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HIALEAH, FLORIDA		4. FEI Number 65-1043314	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33010		Country JADE		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CASTANO, ROGER 5602 SOUTHWEST 1ST STREET MIAMI FL 33134			7. Name and Address of New Registered Agent Name EXEQUIEL F. VALDIVIA Street Address (P.O. Box Number is Not Acceptable) 3560 EAST 8 C City HIALEAH FL Zip Code 33013		
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  DATE 02-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALDIVIA, EXEQUIEL F 5602 SOUTHWEST 1ST STREET MIAMI FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTANO, ROGER 5602 SOUTHWEST 1ST STREET MIAMI FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 #