

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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  
3560 E. 8TH COURT  
HIALEAH, FL 33010

**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**



08042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1043314

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

VALDIVIA, EXEQUIEL F  
3560 EAST 8TH COURT  
HIALEAH, FL 33013

**DO NOT WRITE  
IN THIS SPACE**

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 fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

08-05-2008

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME VALDIVIA, EXEQUIEL F  
STREET ADDRESS 5602 SOUTHWEST 1ST STREET  
CITY-ST-ZIP MIAMI, FL 33134

TITLE VD  
NAME CASTANO, ROGER  
STREET ADDRESS 5602 SOUTHWEST 1ST STREET  
CITY-ST-ZIP MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000957372  
08/08/08-80006-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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

EXEQUIEL F. VALDIVIA

Date

Daytime Phone

08-05-08 (305)300-7079