

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000118531

Entity Name: CENTRO LATINO INC

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10632 S FEDERAL HWY  
PORT ST LUICE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

10632 S FEDERAL HWY  
PORT ST LUICE, FL 34952

**New Mailing Address:**

FEI Number: 20-3647498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMIREZ, CARLOS  
4022 SW ALICE ST  
PORT ST LUCIE, FL 34953 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIREZ, CARLOS  
Address: 4022 SW ALICE ST  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: CHIRINOS-RAMIREZ, MARIELLA  
Address: 4022 SW ALICE ST  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS RAMIREZ

P

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date