

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000118531

Entity Name: CENTRO LATINO INC

**FILED**  
**Feb 19, 2012**  
**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:**

RAMIREZ-FLORES, CARLOS  
10632 S FEDERAL HWY  
PORT ST LUCIE, FL 34952 US

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: CARLOS RAMIREZ-FLORES

02/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIREZ-FLORES, CARLOS  
Address: 122 SE VIA SAN MARINO  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP  
Name: CHIRINOS-RAMIREZ, MARIELLA  
Address: 122 SE VIA SAN MARINO  
City-St-Zip: PORT ST LUCIE, FL 34984

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-FLORES

P

02/19/2012

Electronic Signature of Signing Officer or Director

Date