

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076887

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** CENTRO DE ASISTENCIA HISPANA INC.

**Current Principal Place of Business:**

5190 NW 167TH ST  
SUITE # 211  
MIAMI GARDENS, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5190 NW 167TH ST  
SUITE # 211  
MIAMI GARDENS, FL 33014

**New Mailing Address:**

**FEI Number:** 27-3511872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSALES, ROSSANNA  
5190 NW 167TH ST  
SUITE # 211  
MIAMI GARDENS, FL 33014 US

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

LUCERO, ANDRES E  
5190 NW 167TH ST  
SUITE # 211  
MIAMI GARDENS, FL 33014 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: ANDRES E LUCERO

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LUCERO, ANDRES E  
Address: 5190 NW 167TH STREET STE 211  
City-St-Zip: MIAMI GARDENS, FL 33014

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: ANDRES E LUCERO

PD

03/23/2012

Electronic Signature of Signing Officer or Director

Date