

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008683

**Entity Name:** CENTRO DE ALABANZA Y RESTAURACION INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8236465249**

**Current Principal Place of Business:**

417 CENTER POINTE CIR.,  
1721  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

417 CENTER POINTE CIR.  
1721  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 72-1589859**

**Certificate of Status Desired: No**

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

LUIS, POMALES  
417 CENTER POINTE CIR.  
1721  
ALTAMONTE SPRINGS, FL 32714 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: LUIS POMALES**

**04/30/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CANCEL, FERDINAND  
Address 417 CENTER POINTE CIR.  
1721  
City-State-Zip: ALTAMONTE SPNG FL 32714

Title VD  
Name POMALES, LUIS  
Address 417 CENTER POINTE CIR.  
1721  
City-State-Zip: ALTAMONTE SPNG FL 32714

Title TD  
Name JOSE, MARTINEZ  
Address 417 CENTER POINTE CIR  
1721  
City-State-Zip: LONGWOOD FL 32714

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

**SIGNATURE: JOSE A. MARTINEZ**

**TREASURER**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date