

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Sep 16, 2009**  
**Secretary of State**

DOCUMENT# 755951

Entity Name: LA FAMILIA CRISTIANA, INC.

**Current Principal Place of Business:**

980 SW 82 AVE  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

14536 SW 98 TERR  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2060034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CALVO, JULIO A PD  
14536 SW 98 TERRACE  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CALVO, JULIO A  
Address: 14536 SW 98 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: MUÑOZ, MAYELIN  
Address: 630 NE 2ND PL  
City-St-Zip: HIALEAH, FL 33010

Title: TD ( ) Delete  
Name: RAMOS, RITA  
Address: 8435 SW 156 CT APT # 1024  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: GONZALEZ, HENRY  
Address: 7540 SW 107 AVE  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: OCARIZ, LUIS A  
Address: 60 NW 74 AVE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CALVO, AIDA L  
Address: 14536 SW 98 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIO A CALVO

PD

09/16/2009

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

\_\_\_\_\_  
Date