2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# L04000079230

Entity Name: CONEXIONES CRISTIANAS.LLC

Current Principal Place of Business:

17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-2713724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUCCIO, PABLO D SR
17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

PUCCIO, PABLO D
17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 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: PABLO D PUCCIO 04/21/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CAMBA, NATALIA
Address: 1500 BAY ROAD APT. 1422
City-St-Zip: MIAMI BEACH, FL 331393211 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: PUCCIO, PABLO D
Address: 17150 COLLINS AVENUE SUITE 101-324
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NATALIA CAMBA MGRM 04/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date