

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010320

FILED
Feb 09, 2007
Secretary of State

Entity Name: CENTRO CRISTIANO RESTAURACION DIVINA, INC.

Current Principal Place of Business:

604 MELALEUCA ST
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

1211 SCIOTO ROAD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 33-1124515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ANNETTE
1211 SCIOTO ROAD
NORTH LAUDERDALE, FL 33068 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: P () Delete
Name: ACOSTA, JOSE B
Address: 1211 SCIOTO ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: FERNANDEZ, ANNETTE Y
Address: 1211 SCIOTO ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: ARCE, TILANO
Address: 220 NE 11 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: GOMEZ, DAMARIS
Address: 220 NE 11 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: PELAEZ, LIKMILLIAN
Address: 3367 NW 47AVE
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNETTE FERNANDEZ

VP

02/09/2007

Electronic Signature of Signing Officer or Director

Date