

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004535

FILED  
Jul 09, 2009  
Secretary of State

Entity Name: JESUCRISTO EL RESTAURADOR, INC.

**Current Principal Place of Business:**

9889 NW 133 STREET  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

9889 NW 133 STREET  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

FEI Number: 26-0302227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LUIS M. AYZE  
9889 NW 133 STREET  
HIALEAH GARDENS, FL 33018      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: D      ( ) Delete  
Name: AYZE, LUIS M  
Address: 9889 NW 133 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D      ( ) Delete  
Name: MARRERO, SANTIAGO  
Address: 16039 SW 54 COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: IGLESIAS, CARLOS  
Address: 8001 W 26TH AVENUE  
City-St-Zip: HIALEAH, FL 33018

Title: D      ( ) Delete  
Name: AYZE, ELENA  
Address: 9889 NW 133 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D      ( ) Delete  
Name: MUNOZ, ELIEZER JUAN  
Address: 9889 NW 133 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

**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:      ( ) 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: LUIS M. AYZE

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

DIR

07/09/2009

\_\_\_\_\_ Date