2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007448

Address:

City-St-Zip:

Entity Name: CRISTO PARA TODAS LAS NACIONES, INC.

FILED Mar 23, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
7540 U S I SUITE 103	HIGHWAY ON	ONE		2455 WEST ATLANTIC AVE AUDITORIUM				
	, FL 33462	US			EACH, FL	33445	US	
Current M	lailing Addre	New Mailing Address:						
	HIGHWAY ONE , FL 33462 US			5189 BUCHANAN ROAD DELRAY BEACH, FL 33484 US				
SUITE 103 LANTANA								
FEI Number:	: 26-3129977	FEI Number Applied For ()	FEI Nui	mber Not Appl	icable ()	Certif	icate of Status Desired()	
Name and	l Address of	Current Registered Agent:		Name and	Address o	f New R	egistered Agent:	
TORRES, RAUL R 7540 US HIGHWAY ONE 103 LANTANA, FL 33462 US				TORRES, RAUL R 5189 BUCHANAN ROAD DELRAY BEACH, FL 33484 US				
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registere	d office o	r registered agent, or b	oth,
SIGNATU	RE:	03/23/2009						
	Electro	nic Signature of Registered A	gent				Date	
OFFICER	S AND DIREC	CTORS:		ADDITION	S/CHANGI	ES TO O	FFICERS AND DIREC	TORS
Title: Name: Address: City-St-Zip:	P () Delete PINA, ROSMER E 5189 BUCHANAN ROAD DELRAY BEACH, FL 33484 US			Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name:	TORRES, RAU			Title: Name:	VP RODRIGUE	Z, ALADIN	e () Addition O	
Address: City-St-Zip:	LANTANA, FL	IWAY ONE SUITE 103 33462 US		Address: City-St-Zip:	2270 NW 2ND AVE BOCA RATON, FL 33431 US			
Title: Name: Address: City-St-Zip:	FERNANDEZ, 5189 BUCHAN			Title: Name: Address: City-St-Zip:	S (X) Change () Addition TORRES, RAUL 5189 BUCHANAN ROAD DELRAY BEACH, FL 33484 US			
Title: Name: Address: City-St-Zip:	ne: ress:			Title: Name: Address: City-St-Zip:	T () Change (X) Addition OLMOS, EDIL 5189 BUCHANAN ROAD DELRAY BEACH, FL 33484			
Title: Name:	() Delete		Title: Name:	O RUBIANO, A		e (X) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROSMER E PINA P 03/23/2009

2450 DEER CREEK COUNTRY CLUB BLVD APT B205

DEERFIELD BEACH, FL 33442