2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43943

FILED Apr 18, 2008 Secretary of State

Entity Name: COMUNIDAD CRISTIANA CARIS, INC.

Current Principal Place of Business: New Principal Place of Business: 12200 S.W. 129 CT 2955 NE 41 ROAD MIAMI, FL 33186 HOMESTEAD, FL 33033 US US **Current Mailing Address: New Mailing Address:** 12200 S.W. 129 CT 2955 NE 41 ROAD MIAMI, FL 33186 HOMESTEAD, FL 33033 US FEI Number: 65-0418847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESPINAL, ELKIN DIR 2955 NE 41 RD. HOMESTEAD, FL 33030 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ESPINAL, SOLANDRY VICE P. Name: Name: Address: 2955 NE 41 RD. Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: ESPINAL, ELKIN P. DIR Name: Address: 2955 NE 41 RD. Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: Title: () Delete Title: (X) Change () Addition CORTES, MARTHA I SEC.TRE Name: CORTES, MARTHA I TRE Name: 11246 SW 159 AVE. 11246 SW 159 AVE. Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: () Change (X) Addition MARTINEZ, ADIELA SEC. Name: Name: 12311 SW 186 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33177

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: ELKIN ESPINAL DIR. 04/18/2008