

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003670

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** CHRISTIAN BROTHERHOOD FOUNDATION, INC.

**Current Principal Place of Business:**

7800 S.W. 56TH STREET  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

7984 SW 56 ST  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 65-0631149      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NUNEZ, ALEJANDRO ESQ.  
250 GIRALDA AVE  
CORAL GABLES, FL 33134 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: CD ( ) Delete  
Name: DELGADO, ALBERTO M  
Address: 12295 SW 93 AVE  
City-St-Zip: MIAMI, FL 33176

Title: VPD ( ) Delete  
Name: DELGADO, MARIAM  
Address: 12295 SW 93 AVE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: LEIVA, DIEGO  
Address: 12295 SW 93 AVE  
City-St-Zip: CORAL GABLES, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DELGADO, ALBERTO M  
Address: 12295 SW 93 AVE  
City-St-Zip: MIAMI, FL 33176

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

Title: D (X) Change ( ) Addition  
Name: LEIVA, DIEGO  
Address: 16781 SW 78 CT  
City-St-Zip: MIAMI, FL 33157

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: ALBERTO M DELGADO

PRES

04/25/2007

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

\_\_\_\_\_  
Date