2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N96000000961

Entity Name: NINOS CRISTIANOS EN ACCION, INC.

Current Principal Place of Business:

1049 EAST 23 STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 133100
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-0621816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRIETO, ZOE M
5892 WEST 2 COURT
HIALEAH, FL 33012 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:	PRIETO, ZOE M	
Address:	5892 W 2 COURT	
City-St-Zip:	HIALEAH, FL 33012	
Title:	S	( ) Delete
Name:	SALAMANCA, AURALILA	
Address:	615 W 80 ST	
City-St-Zip:	HIALEAH, FL 33014	
Title:	T	( ) Delete
Name:	FIRPO, ROBERTO	
Address:	498 NW 165 STREET RD. D505	
City-St-Zip:	MIAMI, FL 33169	
Title:	VP	( ) Delete
Name:	VALDES, ROGELIO	
Address:	8725 S.W. 83 ST	
City-St-Zip:	KENDALL, FL 33173	
Title:	D	( ) Delete
Name:	ORTIZ, ELIEZER REV	
Address:	9225 S.W. 137 AVE.	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	DAUVAL, AMPARO	
Address:	5400 S.W. 77 CT. 1U	
City-St-Zip:	MIAMI, FL 33155	

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:	
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: ZOE MARIA PRIETO PD 03/20/2009
Electronic Signature of Signing Officer or Director — Date