

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002126**

1. Entity Name  
**CENTRO BIBLICO CRISTIANO, INC.**



Principal Place of Business

**103 W. FLAGLER  
# 76  
MIAMI, FL 33174**

Mailing Address

**10962 SW 3 STREET  
#F2  
MIAMI, FL 33174**

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0820481**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MONTERROSA, EDUARDO  
10962 SW 3 ST. #F-2  
MIAMI, FL 33174**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MONTERROSA, EDUARDO  
STREET ADDRESS 4265 NW SOUTH TAMiami CANAL DRIVE #204  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VPSD  
NAME MONTERROSA, ALEX  
STREET ADDRESS 10962 SW 3 ST. #F-2  
CITY-ST-ZIP MIAMI, FL 33174

TITLE D  
NAME CAIFFA, ROBERTO  
STREET ADDRESS 4301 NW 8TH ST TERRACE  
CITY-ST-ZIP MIAMI, FL 33126

TITLE TD  
NAME REYES, MARINA  
STREET ADDRESS 11202 N.W. 4TH ST  
CITY-ST-ZIP MIAMI, FL 33172

TITLE D  
NAME DE POSADA, MARIBEL D  
STREET ADDRESS 11427 NW 4TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000946872  
05/30/08-80066-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/08