

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002632

**Entity Name:** CCF CENTRO CRISTIANO FAMILIAR, INC.

**Current Principal Place of Business:**

1555 NE, STE C-164 ST.  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1555 NE, STE C-164 ST.  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 26-2189374

**Certificate of Status Desired:** No

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

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY - SECOND FLOOR  
DEERFIELD BEACH, FL 33441 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

**Officer/Director Detail :**

Title P  
Name SILVA, VICTOR MANUEL  
Address 1698 NE 181ST STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name LOPEZ, HAROLD  
Address 1595 NE 179 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name SILVA, ROSA  
Address 1698 NE 181ST STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby 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 all other like empowered.*

**SIGNATURE:** VICTOR MANUEL SILVA

**PRESIDENT**

**01/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date