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

SIGNATURE: VICTOR MANUEL SILVA

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800002632

Entity Name: CCF CENTRO CRISTIANO FAMILIAR, INC.

Current Principal Place of Business:

1636 NE, 164 ST. NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1636 NE, 164 ST. NORTH MIAMI BEACH. FL 33162 US

FEI Number: 26-2189374

Name and Address of Current Registered Agent:

Electronic Signature of 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:

| Officer/Director Detail : | | | |
|---------------------------|----------------------------|----------------------------|---|
| Title | Ρ | Title | D |
| Name | SILVA, VICTOR MANUEL | Name | MELIAN, ARNALDO HORACIO SR. |
| Address | 2075 NE 164 ST 206 | Address City-State-Zip: | 2000 NE 185 TERRACE NORTH MIAMI BEACH FL 33179 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 | | |

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. 03/17/2020

Date

Date

FILED Mar 17, 2020 Secretary of State 1290602418CC

Certificate of Status Desired: No

PRESIDENT