

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003700

Entity Name: CASA DE RESTAURACION IGLESIA COMUNITARIA AG, CORP.**Current Principal Place of Business:**921 NE 131 STREET
NORTH MIAMI, FL 33161**Current Mailing Address:**6770 EVANS STREET
HOLLYWOOD, FL 33024**FEI Number:** 65-0602498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABALLERO, VICTOR REV.
6770 EVANS STREET
HOLLYWOOD, FL 33024 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 PRESIDENT
Name CABALLERO, VICTOR REV.
Address 6770 EVANS STREET
City-State-Zip: HOLLYWOOD FL 33024

Title TREASURER
Name BRYANT, CARMEN R
Address 16701 NE 21 AVENUE, #207
City-State-Zip: MIAMI GARDENS FL 33162

Title TRUSTEE
Name GOMEZ, MAX
Address 2605 S.W. 13 CORT
City-State-Zip: FRT. LAUDERDALE FL 33312

Title DIRECTOR
Name CRUZ, ANDRES
Address 5932 PORLK ST
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name SANTANA, AUXILIADORA G.
Address 300 N.E. 125 ST
 # 407
City-State-Zip: NORTH MIAMI FL 33161

Title VP
Name CABALLERO, REINA G.
Address 6770 EVANS ST
City-State-Zip: HOLLYWOOD FL 33024

Title TRUSTEE
Name LOPEZ, NESTER
Address 1558 N.E. 175 ST
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: REV. VICTOR CABALLERO**PRESIDENT/REGISTER
AGENT.****07/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date