


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90013 047 ***150.00

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DOCUMENT # 712455					
1. Entity Name CURSILLOS DE CRISTIANDAD					
Principal Place of Business 16250 SW 112TH AVE MIAMI, FL 33265-2307			Mailing Address P. O. BOX 652307 MIAMI, FL 33265-2307		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-0865839				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTA, ROBERTO 157 NAVAJO ST MIAMI, FL 33166			Name <u>MIGDALIA RAMIREZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>6525 SW 98 RD AVE</u> City <u>MIAMI</u> FL Zip Code <u>33173</u>		
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 <u>Migdalia Ramirez</u>			DATE <u>03-28-2005</u>		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
					Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, ROBERTO		NAME	MIGDALIA RAMIREZ	
STREET ADDRESS	157 NAVAJO ST		STREET ADDRESS	6525 SW 98 RD AVE	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI-FL. 33173	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOISES, JESUS		NAME	PAULINO LUEGE	
STREET ADDRESS	15719 SW 43RD LN		STREET ADDRESS	5290 SW 55E	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	MIAMI-FL. 33134	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, TONY		NAME		
STREET ADDRESS	8131 SW 92 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CARMEN R. HERNANDEZ	
STREET ADDRESS			STREET ADDRESS	5035 SW 98TH AVE RD.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE: <u>Migdalia Ramirez</u>			DATE: <u>03-28-05</u>		DAYTIME PHONE #: <u>305 235-7160</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #

MIGDALIA RAMIREZ