2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 738799

1. Entity Name
MOVIMIENTO FAMILIAR CRISTIANO INC.

Principal Place of Business	Mailing Address
480 E 8TH STREET HIALEAH, FL 33010 US	782 NW LE JEUNE RD STE 439 MIAMI, FL 33126

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04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1756543
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, ALEHANDRINA G ESQ.
782 NW LE JEUNE RD
STE 439
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000126321
04/23/04-80029-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CABARCAS, EDUARDO
STREET ADDRESS	782 NW LEJEUNE RD STE 439
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	CARABALLO, ARLES
STREET ADDRESS	782 LEJEUNE RD STE 439
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	SOLER, JUSTO
STREET ADDRESS	782 NW LEJEUNE RD STE 439
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	PD
NAME	LAUZARDO, ERNESTO
STREET ADDRESS	782 NW LEJEUNE RD STE 439
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #