2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 738799

Entity Name: MOVIMIENTO FAMILIAR CRISTIANO INC.

Current Principal Place of Business:

480 E 8TH STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

782 NW LE JEUNE RD
STE 439
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-1756543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CABARCAS, EDUARDO
Address: 782 NW LEJEUNE RD STE 439
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete
Name: CARABALLO, ARLES
Address: 782 LEJEUNE RD STE 439
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete
Name: SOLER, JUSTO
Address: 782 NW LEJEUNE RD STE 439
City-St-Zip: MIAMI, FL 33126

Title: PD ( ) Delete
Name: LAUZARDO, ERNESTO
Address: 782 NW LEJEUNE RD STE 439
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSE L. RIERA T 04/30/2005

Electronic Signature of Signing Officer or Director — Date