2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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	480 E. 8TH STREET HIALEAH, FL 33010 US

04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABARCAS, EDUARDO
STREET ADDRESS	7763 N.W. 194TH ST
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	SD
NAME	RAMOS, PEDRO
STREET ADDRESS	2140 S.W. 122ND CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	RIERA, JOSE L
STREET ADDRESS	1329 BLUE ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	NUNEZ, RAFAEL
STREET ADDRESS	289 LUDLAM DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80052-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eric L. Ruiz CPA 4/26/06 305-444-4054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #