## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

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1. Entity Nam	MENT # 755951 LIA CRISTIANA, INC.			0'	, mar 1.2	AM 9:3	9 5 5
Principal Place	e of Business	Mailing Address		Ť	AT LAHASS	EE, I LOW	
<b>14512 SW 98 TR</b>				,	nu-		
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L	O NOT WRITE	IN THIS SPAT	UE:	4. FEI Number			Applied For
				59-20600	034		Not Applicable
				5. Certificate of	Status Desired		5 Additional
Physical Control of the	6. Name and Address of Current Re	pletered Arrest		Same a said and		ree r	Required
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CALVO, R	ENE R REV.			י חמיו	W TOP	DITE	
14512 SW				ا کا	AOI AA		
MIAMI, FL	33186			INT	HIS SP	ACF	
8. The above	named entity submits this statement for the	ne purpose of changing its registere	ed office or register	ed agent, or both,	in the State of Flo	rida. I am familia	ar with, and accept
the obligat	ions of registered agent.						
_	ions of registered agent.						
the obligat	ions of registered agent.  Signature, typed or printed name of registered agent and	stle if applicable. (NOTE: Registered	d Agent signature required	when reinstating)		DATE	. <u></u>
_						DATE	
SIGNATURE_	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	9. Election Campaign Finan	ncing _ <b>\$5.</b>	00 May Be		DATE	
SIGNATURE_	Signature, typed or printed name of registored agent and		ncing _ <b>\$5.</b>			DATE	
SIGNATURE_	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	Election Campaign Finar     Trust Fund Contribution.	ncing _ <b>\$5.</b>	00 May Be	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DATE	
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SIGNATURE_ DI  10. TITLE NAME	Signature, typed or printed name of registored agent and Filling Fee is \$81.25 ue by September 7, 2005  OFFICERS AND DI PD CALVO, RENE R REV	Election Campaign Finar     Trust Fund Contribution.	ncing _ <b>\$5.</b>	00 May Be ed to Fees			
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DI 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$81.25 ue by September 7, 2005  OFFICERS AND DI PD CALVO, RENE R REV 14512 SW 98 TERR MIAMI, FL 33186	Election Campaign Finar     Trust Fund Contribution.	ncing _ <b>\$5.</b>	00 May Be ed to Fees	5000S 15/0501		1 7 5 **61.25
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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.

Dete

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR