

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767126

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: CRUZADA ESTUDIANTIL Y PROFESIONAL PARA CRISTO, INC.

**Current Principal Place of Business:**

8537 SW 133 PLACE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

8537 SW 133 PLACE  
MIAMI, FL 33183 US

**New Mailing Address:**

FEI Number: 59-2305956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARFAN, CLAUDIA  
5174 NW 108 CT  
MIAMI, FL 33178 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: P ( ) Delete  
Name: DOMINGO, PERCY  
Address: 8537 SW 133 PLACE  
City-St-Zip: MIAMI, FL 33183 US

Title: V ( ) Delete  
Name: EDUARDO, MARIN  
Address: 212-48TH STREET, APT. #3  
City-St-Zip: UNION CITY, NJ 07087 US

Title: T ( ) Delete  
Name: OTERO, ANGELA  
Address: 3851 ESTEPONA AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: CLAUDIA, FARFAN  
Address: 5174 NW 108 CT  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: DOMINGUEZ, LUIS  
Address: 9025 212 PLACE  
City-St-Zip: QUEENS VILLAGE, NY 11428

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOMINGO PERCY

P

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date