

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079230

Entity Name: CONEXIONES CRISTIANAS.LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

17150 COLLINS AVENUE
SUITE 101-324
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

6770 INDIAN CREEK DR
APT 7 J
MIAMI BEACH, FL 33141 US

New Mailing Address:

6770 INDIAN CREEK DR
APT 7 J
MIAMI BEACH, FL 33141 US

FEI Number: 20-2713724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NATALIA, CAMBA
6770 INDIAN CREEK AV
APT 7 J
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

CEREBRO TV
6770 INDIAN CREEK AV
APT 7 J
MIAMI BEACH, FL 33141 US

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: NATALIA CAMBA

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMBA, NATALIA
Address: 100 LINCOLN RD APT 1643
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DIR () Delete
Name: PUCCIO, PABLO D
Address: 17150 COLLINS AVENUE SUITE 101-324
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMBA, NATALIA
Address: 6770 INDIAN CREEK DR APT 7 J
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: DIR (X) Change () Addition
Name: PUCCIO, PABLO D
Address: 6770 INDIAN CREEK DR APR 7 J
City-St-Zip: MIAMI BEACH, FL 33141 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NATALIA CAMBA

MGR

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date