## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001722

FILED Feb 18, 2011 Secretary of State

Entity Name: CENTRO CRISTIANO METROPOLITANO, INC.

Current Principal Place of Business: New Principal Place of Business:

307 WEST BASS STREET KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

307 WEST BASS STREET KISSIMMEE, FL 34741

FEI Number: 86-1104590 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MALAVE, SAMUEL SR. 2426 OAK RUN BOULEVARD 1111 GOLDEN PKY
KISSIMMEE, FL 34744 US ST. CLOUD, FL 34769 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: DR. SAMUEL MALAVE 02/18/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

 Name:
 MALAVE, DR. SAMUEL SR.

 Address:
 1111 GOLDEN PKY

 City-St-Zip:
 ST. CLOUD, FL 34769

Title: VF

Name: MALAVE, MYRNA Address: 1111 GOLDEN PKY. City-St-Zip: ST. CLOUD, FL 34769

Title: S/T

Name: RIVERA, ENID A SECRETA Address: 307 WEST BASS STREET City-St-Zip: KISSIMMEE, FL 34741

Title:

Name: MEDINA, JOSE

Address: 307 WEST BASS STREET City-St-Zip: KISSIMMEE, FL 34741

Title:

Name: MARQUES- ROSARIO, EDDA Address: 307 WEST BASS STREET City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: DR. SAMUEL MALAVE PRES 02/18/2011