
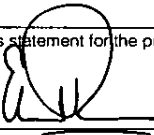
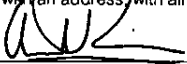


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90044 045 ****70.00

| | | | | | |
|--|----------------------------------|--|--|--|--|
| DOCUMENT # N01000001434 | | | |  | |
| 1. Entity Name CENTRO CRISTIANO CASABLANCA INC. | | | | | |
| Principal Place of Business 2190 SW 8TH ST MIAMI, FL 33135 | | | Mailing Address PO BOX 450932 MIAMI, FL 33135 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0985531 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| RIVERO, EDUARDO 2190 SW 8 STREET MIAMI, FL 33135 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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  | | | DATE 3/15/05 | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAD, JANE L | | NAME | RIVERO, EDUARDO | |
| STREET ADDRESS | 1075 NE MIAMI GARDENS DR., #411W | | STREET ADDRESS | 610 RAVEN AVE | |
| CITY-ST-ZIP | MIAMI, FL 33179 | | CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALAZAR, GRACE | | NAME | RIVERO-LEON, MARIA | |
| STREET ADDRESS | 2180 SW 9TH ST. | | STREET ADDRESS | 610 RAVEN AVE | |
| CITY-ST-ZIP | MIAMI, FL 33135 | | CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORDERO, EDWIN | | NAME | PEREZ, ROGER | |
| STREET ADDRESS | 2190 SW 8 STREET | | STREET ADDRESS | 5300 SW 7 ST | |
| CITY-ST-ZIP | MIAMI, FL 33135 | | CITY-ST-ZIP | MIAMI, FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | SIMMONS, HUGH MICHAEL | |
| STREET ADDRESS | | | STREET ADDRESS | 14713 SW 61 TERR | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI, FL 33193 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TRUSTEE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | RESTREPO, MARTA | |
| STREET ADDRESS | | | STREET ADDRESS | 400 PAYNE DR. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | LEON, HIPOLITO M. | |
| STREET ADDRESS | | | STREET ADDRESS | 555 E 55 ST | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI, FL 33013 | |
| 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. | | | | | |
| SIGNATURE:  E. RIVERO | | | Date: 3/15/05 | | Daytime Phone #: 305 642-3042 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |