


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90076 048 *****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
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DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)	
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 RIVERO, EDUARDO 2190 SW 8 STREET MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RIVERO, EDUARDO 610 RAVEN AVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERO-LEON, MARIA 610 RAVEN AVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, ROGER 5300 SW 7TH ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, HUGH MICHAEL 14713 SW 61 TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS RESTREPO, MARTA 400 PAYNE DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS LEON, HIPOLITO M 555 E 55 ST HIALEAH, FL 33013

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **2/15/06 305.642.3042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #