

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005145

Entity Name: HERMANDAD CRISTIANA, INC.

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

8401 SW 107 AVE  
206E  
MIAMI, FL 33173

## New Principal Place of Business:

## Current Mailing Address:

8401 SW 107 AVE  
206E  
MIAMI, FL 33173

## New Mailing Address:

FEI Number: 82-0555668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, RENE  
8401 SW 107 AVE #206E  
MIAMI, FL 33173 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: D ( ) Delete  
Name: HERNANDEZ, JOSE A  
Address: 2301 FLAMINGO DR  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: OLTMANS, TITO R  
Address: 11435 SW 59 TER  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: BYRNES, MARIO A  
Address: 510 N. OCEAN BLVD. #202  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: GARCIA, RENE  
Address: 8401 SW 107 AVE. #206E  
City-St-Zip: MIAMI, FL 33173

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RENE GARCIA

D

01/12/2004

Electronic Signature of Signing Officer or Director

Date