## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005979

FILED Jan 24, 2006 Secretary of State

Entity Name: CENTRO CRISTIANO CATEDRAL DE ADORACION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
	BROKE ROAL OD, FL 33023					
Current Mailing Address:			New Mailin	New Mailing Address:		
	BROKE ROAL OD, FL 33023					
FEI Number:	65-1133750	FEI Number Applied For()	FEI Number Not Applic	cable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:		
101	ERT 56TH AVE. LL, FL 33313	US				
The above in the State		submits this statement for the p	urpose of changing its	s registered office or registered agent, or both,		
SIGNATUR	E:					
Electronic Signature of Registered Agent			nt	Date		
OFFICERS	AND DIREC	TORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () SIDO, ALBERT 2551 N. W. 56T LAUDERHILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () CHIN, SONIA 1200 SW 97 TE PEMBROKE PII		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DS () SIDO, FIDELINA 3801 SW 58 AV FT LAUDERDAI	/E	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () JOSE, AVALOS 6491 N. W. 173 MIAMI, FL 330	RD DR. #206	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () ANTHONNY, AC 100 NW 7 ST BOCA RATON,		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALBERT SIDO DP 01/24/2006