

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90006 001 \*\*\*\*61.25

**DOCUMENT # N02000000397**

1. Entity Name

**FUNDACION DE RESTAURACION CRISTIANA MUNDIAL, INC.**



Principal Place of Business

**9520 NW 8TH CIRCLE  
PLANTATION FL 33324**

Mailing Address

**9520 NW 8TH CIRCLE  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

**68-0489035**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAFASULI, TITO  
9520 NW 8TH CIRCLE  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME FAFASULI, TITO  
STREET ADDRESS 9520 NW 8TH CIRCLE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☒ Addition  
NAME **U Esteban TORELLO**  
STREET ADDRESS **341 SW 187 Ave**  
CITY-ST-ZIP **PENBROKE PINES FL 33029**

TITLE VD ☒ Delete  
NAME JACOME, JOSE  
STREET ADDRESS 9520 NW 8TH CIRCLE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR CESAR SILVA**  
STREET ADDRESS **451 NW 87 LN Apt. 204**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE SD ☐ Delete  
NAME SILVA, ROBERTO  
STREET ADDRESS 9520 NW 8TH CIRCLE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Tito Fafasuli TITO FAFASULI PRESIDENT 8/28/04 954-382-9910**