

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003549

FILED
Apr 19, 2007
Secretary of State

Entity Name: CENTRO CRISTIANO INTERNACIONAL CENFOL CORPORATION

Current Principal Place of Business:

9645 NW 1 ST. COURT #101
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9645 NW 1 ST. COURT #101
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 30-0080448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, GABRIEL E CHAIRMA
10955 SW 15 STREET #104
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

OSORIO, GABRIEL E
10955 SW 15 STREET #104
PEMBROKE PINES, FL 33025 US

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: GABRIEL OSORIO

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSORIO, GABRIEL E CHAIRMA
Address: 9645 NW 1 ST. COURT APT. 101
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: BUSTAMANTE, MARTHA E VICECHA
Address: 9645 NW 1 ST. COURT APT. 101
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: NIETO, JUAN P TREASUR
Address: 17836 SW 10 LN
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OSORIO, GABRIEL E
Address: 9645 NW 1 ST. COURT APT. 101
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D (X) Change () Addition
Name: BUSTAMANTE, MARTHA E
Address: 9645 NW 1 ST. COURT APT. 101
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T (X) Change () Addition
Name: NIETO, JUAN P
Address: 17836 SW 10 LN
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: GABRIEL OSORIO

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date