# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N02000003549

**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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
10955 SW 15 STREET #104
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

OSORIO, GABRIEL E
9645 NW 1 ST COURT
101
PEMBROKE PINES, FL 33024 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 P 04/28/2009
Electronic Signature of Signing Officer or Director — Date