

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005450	
1. Entity Name COMUNIDAD CRISTIANA INTERNACIONAL INC	
Principal Place of Business 7310 SERENO CT. #117 TAMPA, FL 33634	Mailing Address P.O. BOX 261405 TAMPA, FL 33685-1405



DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 14-1841302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRUZ, SARA M 7310 SERENO CT. #117 TAMPA, FL 33634

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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	SARA MARADIAGA (NOTE: Registered Agent signature required when reinstating)	4-11-05 DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELVIR, JORGE 7310 SERENO CT. #117 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRUZ, SARA M 7310 SERENO CT. #117 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DAVILA, DAISY 18610 BURRELL RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80074-004 70.00

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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	Jorge Elvir SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #