

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005450

FILED
Apr 12, 2007
Secretary of State

Entity Name: COMUNIDAD CRISTIANA INTERNACIONAL INC

Current Principal Place of Business:

4115 N GRACE ST
TAMPA, FL 33607

New Principal Place of Business:

7616 LEMONWOOD CT
TAMPA, FL 33625

Current Mailing Address:

P.O. BOX 261405
TAMPA, FL 336851405

New Mailing Address:

FEI Number: 14-1841302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, SARA M
4115 N GRACE ST
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CRUZ, SARA M
7616 LEMONWOOD CT
TAMPA, FL 33625 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: _____

04/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELVIR, JORGE
Address: 4115 N GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: CRUZ, SARA M
Address: 4115 N GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: NORRIS, ALEJANDRA
Address: 4115 N GRACE ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELVIR, JORGE
Address: 7616 LEMONWOOD CT
City-St-Zip: TAMPA, FL 33625

Title: STD (X) Change () Addition
Name: CRUZ, SARA M
Address: 7616 LEMONWOOD CT
City-St-Zip: TAMPA, FL 33625

Title: VD (X) Change () Addition
Name: NORRIS, ALEJANDRA
Address: 7616 LEMONWOOD CT
City-St-Zip: TAMPA, FL 33625

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: ELVIR JORGE

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date