## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005658

FILED Jan 03, 2005 Secretary of State

Entity Name: CHRISTIAN IMMIGRATION HELP NEWS INC

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Current Principal Place of Business:			New Principa	New Principal Place of Business:		
3600 S STATE ROAD 7 SUITE 40 MIRAMAR, FL 33023			PH-3	13899 BISCAYNE BLV PH-3 MIAMI, FL 33181		
Current M	Mailing Addre	ss:	New Mailing	New Mailing Address:		
409 W HALLANDALE BEACH BLV 216 MIAMI, FL 33003			PH-3	13899 BISCAYNE BLV PH-3 MIAMI, FL 33181		
FEI Number	r: 16-1618202	FEI Number Applied For ( )	FEI Number Not Applicab	ble ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:		
3600 S ST SUITE 40 MIRAMAR The above	R, FL 33023 Lenamed entity	IS	ourpose of changing its re	registered office or registered agent, or both,		
	e of Florida.					
SIGNATU		ois Oissants of Desistant Ass		Poli		
	Electro	nic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( RUIZ, OSCAR 20425 NE 19T AVENTURA, F		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( ALBERTO, MO 20425 NE 19 ( AVENTURA, F	CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D ( REGULO, COI 20425 NE 19 ( AVENTURS, F	CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () SOTO, SONIA 20425 NE 19 ( AVENTURA, F		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSCAR A RUIZ D 01/03/2005