

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005658

FILED
Jan 03, 2006
Secretary of State

Entity Name: CHRISTIAN IMMIGRATION HELP NEWS, INC.

Current Principal Place of Business:

13899 BISCAYNE BLV
PH-3
MIAMI, FL 33181

New Principal Place of Business:

13899 BISCAYNE BLV
400
MIAMI, FL 33181

Current Mailing Address:

13899 BISCAYNE BLV
PH-3
MIAMI, FL 33181

New Mailing Address:

13899 BISCAYNE BLV
400
MIAMI, FL 33181

FEI Number: 16-1618202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3600 S STATE ROAD 7
SUITE 40
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUIZ, OSCAR
Address: 20425 NE 19TH CT
City-St-Zip: AVENTURA, FL 33179

Title: D () Delete
Name: ALBERTO, MORALES
Address: 20425 NE 19 CT
City-St-Zip: AVENTURA, FL 33179

Title: D () Delete
Name: REGULO, CORTEZ
Address: 20425 NE 19 CT
City-St-Zip: AVENTURA, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DR OSCAR A RUIZ

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date