2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005933

FILED May 09, 2006 Secretary of State

Entity Name: CENTRO CRISTIANO FAMILIAR JESUS REY, INC

Current Principal Place of Business: New Principal Place of Business:

2574 N. UNIVERSITY DRV. 435 HIALEAH DR. SUITE 206 SUITE 9

SUNRISE, FL 33322 HIALEAH, FL 33010 US

Current Mailing Address: New Mailing Address:

P.O. BOX 551392 435 HIALEAH DR

FORT LAUDERDALE, FL 33355 SUITE 9 HIALEAH, FL 33010

FEI Number: 06-1648877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GONZALEZ, ISMAEL GONZALEZ, ISMAEL 1530 N.W. 128 DR. 8857 NW 151 TERRA

APT. 208 N/A

SUNRISE, FL 33323 US MIAMI LAKES, FL 33018 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: 05/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GONZALEZ, ISMAEL GONZALEZ, ISMAEL Name: Name: Address: 1530 N.W. 128 DR, APT 208 Address: 8857 NW 151 TERRA MIAMI LAKES, FL 33018 City-St-Zip: SUNRISE, FL 33323 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: CASTELLANOS, SARA Name: CASTELLANOS, SARA Address: 28701 S.W. 153 AVE., APT 18 Address: 15345 SW 288 ST City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: MIAMI, FL 33033

Title: () Delete Title: (X) Change () Addition

MARRERO, MERCEDES MARRERO, MERCEDES Name: Name: 1530 N.W. 128 DR, APT 208 8857 NW 151 TERRA Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: MIAMI, FL 33018

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: ISMAEL GONZALEZ D 05/09/2006