2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007219

FILED Jun 25, 2008 Secretary of State

Entity Name: CENTRO CRISTIANO DE ALABANZA GRACIA Y PAZ INC.

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

1325 N.W. 93 CT. 9304 NW 13 STREET B-116 BAY 4

MIAMI, FL 33172 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

 1325 N.W. 93 CT.
 9304 NW 13 STREET

 B-116
 BAY 4

 MIAMI, FL 33172
 DORAL, FL 33172

FEI Number: 13-4254557 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:

NEIRA, JUAN A
12013 SW 209 STREET
MIAMI, FL 33177 US

NEIRA, JUAN A
11376 SW 236 STREET
MIAMI, FL 33032 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: JUAN A. NEIRA 06/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 NEIRA, JUAN A
 Name:
 NEIRA, JUAN A

 Address:
 12013 SW 209 STREET
 Address:
 11376 SW 236 STREET

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33032

Title: O () Delete Title: O (X) Change () Addition Name: NEIRA, HILDA O Name: NEIRA, HILDA O

 Name:
 NEIRA, HILDA O
 Name:
 NEIRA, HILDA O

 Address:
 12013 SW 209 STREET
 Address:
 11376 SW 236 STREET

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33032

I hereby certify that the information supplied with this filing does not qualify 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: JUAN A. NEIRA D 06/25/2008