


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90064 013 ****70.00

DOCUMENT # N02000009766
1. Entity Name
CURSILLOS OF CHRISTIANITY, INC.



Principal Place of Business Mailing Address
16250 SW 112TH AVENUE MIAMI-FL **P.O. BOX 652307 MIAMI FL 33265-2307**

44007308



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **05-0549476** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEAL, EFREN
1311 WEST 32ND STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name **Roberto Acosta**
Street Address (P.O. Box Number is Not Acceptable)
157 Navajo St
City **Miami Springs** FL Zip Code **33166**

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Roberto Acosta* **Roberto Acosta** DATE **01/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEAL, EFREN | |
| STREET ADDRESS | 1311 WEST 32ND STREET | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOISES, JESUS | |
| STREET ADDRESS | 16250 SW 112TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33265-2307 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ORTIZ, FERMIN | |
| STREET ADDRESS | 16250 SW 112TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33625 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Roberto Acosta | |
| STREET ADDRESS | 157 Navajo St. | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tony Diaz | |
| STREET ADDRESS | 8131 SW 62 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33173 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Jesus Moises* **Jesus Moises** DATE **01/27/04** DAYTIME PHONE # **305-554-8920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR