

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90043 002 ***150.00

DOCUMENT # N02000009766					
1. Entity Name CURSILLOS OF CHRISTIANITY, INC.					
Principal Place of Business 16250 SW 112TH AVENUE MIAMI, FL		Mailing Address P.O. BOX 652307 MIAMI, FL 33265-2307			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0549476	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTO, ROBERTO 157 NAVAJO ST MIAMI, FL 33166			Name MIGDALIA RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 6525 SW 93RD AVE City MIAMI FL 33173		
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 <i>Migdalena Ramirez</i>			DATE 03-28-2005		
Signature, typed or printed name of registered agent and title if applicable.			NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTO, ROBERTO		NAME	MIGDALIA RAMIREZ	
STREET ADDRESS	157 NAVAJO ST.		STREET ADDRESS	6525 SW 93RD AVE	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOISES, JESUS		NAME	PAULINO LUEGE	
STREET ADDRESS	16250 SW 112TH AVENUE		STREET ADDRESS	5290 SW 55E	
CITY-ST-ZIP	MIAMI, FL 332652307		CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, TONY		NAME		
STREET ADDRESS	8131 SW 92 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CARMEN R. HERRERA	
STREET ADDRESS			STREET ADDRESS	5035 SW 98TH AVE RD.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Migdalena Ramirez</i>			DATE: 03-28-2005 305-235-7160		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		

MIGDALIA RAMIREZ