


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 008 ****61.25

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	04232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 05-0549476				Applied For <input type="checkbox"/> 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		
RAMIREZ, MIGDANA 6525 SW 93RD AVE. MIAMI, FL 33173			Name ANTONIO SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 10750 SW 67 TERR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, MIGDALIA		NAME	ANTONIO SANCHEZ	
STREET ADDRESS	6525 SW 93RD AVE.		STREET ADDRESS	10750 SW 67 TERR	
CITY - ST - ZIP	MIAMI, FL 33178		CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEGE, PAULINO		NAME	ALEONSO KARATE	
STREET ADDRESS	5290 SW 5 STREET		STREET ADDRESS	5841 NW 112 CT	
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP	DORAL, FL 33178	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, TONY		NAME	ROBERTO PENATE	
STREET ADDRESS	8131 SW 92 AVE		STREET ADDRESS	6330 NW 198 TERR	
CITY - ST - ZIP	MIAMI, FL 33173		CITY - ST - ZIP	MIAMI, FL 33015	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, CARMEN R		NAME	ANA VELAZQUEZ	
STREET ADDRESS	5035 SW 98TH AVE ROAD		STREET ADDRESS	14302 SW 117 TERR	
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP	MIAMI, FL 33186	
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 exemptions contained 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 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 to an address, with all other like empowered.					
SIGNATURE: <u>PAULINO LUEGE</u> Apr 25 2006 305-447-4602					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					