

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90554 028 ****70.00

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1. Entity Name
TEMPLO CRISTO VIENE, INC.



Principal Place of Business
**20124 SW 118 CT
 MIAMI, FL 33177**

Mailing Address
**20124 SW 118 CT
 MIAMI, FL 33177**

2. Principal Place of Business
28501 S.W. 152 Ave. Lot # 198

3. Mailing Address
28501 S.W. 152 Ave. Lot # 198

City & State
Leisure City, FL. Leisure City, FL

Zip
33033

Country
US



6. Name and Address of Current Registered Agent

DIAZ, JOEL
28501 SW 152 AVE LOT #198
GRISUVZ CITY, FL 33033

4. FEI Number
52-2421690

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, JOSUE	
STREET ADDRESS	20124 SW 118 CT	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, GABRIEL	
STREET ADDRESS	20124 SW 118 CT	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, HECTOR	
STREET ADDRESS	20124 SW 118 CT	
CITY-ST-ZIP	MIAMI, FL 33177	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Diaz, Josue</i>	
STREET ADDRESS	<i>11340 S.W. 186ST.</i>	
CITY-ST-ZIP	<i>Miami, FL 33159</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Diaz, Gabriel</i>	
STREET ADDRESS	<i>11340 S.W. 186ST.</i>	
CITY-ST-ZIP	<i>Miami, FL 33159</i>	
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: *Joel Diaz - Joel Diaz* **4/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #