

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000533

1. Entity Name

TEMPLO CRISTO VIENE, INC.



Principal Place of Business

28501 SW 152 AVE
LOT # 198
LEISURE CITY, FL 33033

Mailing Address

28501 SW 152 AVE
LOT # 198
LEISURE CITY, FL 33033



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2421690

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
DIAZ, JOSUE
STREET ADDRESS
11340 SW 186 ST
CITY-ST-ZIP
MIAMI, FL 33157

TITLE
NAME
DIAZ, GABRIEL
STREET ADDRESS
11340 SW 186 ST
CITY-ST-ZIP
MIAMI, FL 33157

TITLE
NAME
D
MALDONADO, HECTOR
STREET ADDRESS
20124 SW 118 CT
CITY-ST-ZIP
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000921149
05/14/08-80073-007 8.75

U000000921149
05/14/08-80073-008 61.25

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IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE: *x Joel Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08
Date

780 298-3205
Daytime Phone #