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

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N03000000533**

TEMPLO CRISTO VIENE, INC.



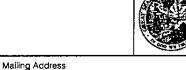
**FILED** Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

28501 SW 152 AVE

LOT # 198

LEISURE CITY, FL 33033



LOT # 198 LEISURE CITY, FL 33033

28501 SW 152 AVE



02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 52-2421690 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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A Secretary

|   |  |  |                             | 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|---|--|--|-----------------------------|---|
| 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  |  |  |                             |   |
|   | Filling Fee is \$61.25<br>Due by May 1, 2008                 | Election Campaign Finan     Trust Fund Contribution. | \$5.00 May Be Added to Fees |   |
| 10.   | OFFICERS AND DIRECTORS                                       |  | I je na najala sa 11 ji ya  | Same and the same |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TD<br>DIAZ, JOSUE<br>11340 SW 186 ST<br>MIAMI, FL 33157      |  |                             | U00000921149<br>05/14/08-80073-007 8.75   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DIAZ, GABRIEL<br>11340 SW 186 ST<br>MIAMI, FL 33157     |  |                             | 000000921149<br>05/14/08-80073-008 61.25  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MALDONADO, HECTOR<br>20124 SW 118 CT<br>MIAMI, FL 33177 |  | DO                          | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | IŃ                          | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ,  |  |                             |   |
| TITLE NAME STREET ADDRESS 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 with an address, with all other like empowered.

SIGNATURE:

ING OFFICER OR DIRECTOR