

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000533

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: TEMPLO CRISTO VIENE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 52-2421690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE: JOEL DIAZ

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: DIAZ, JOSUE  
Address: 11340 SW 186 ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: DIAZ, GABRIEL  
Address: 11340 SW 186 ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: MALDONADO, HECTOR  
Address: 20124 SW 118 CT  
City-St-Zip: MIAMI, FL 33177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: DIAZ, JOSUE  
Address: 11340 SW 186 ST  
City-St-Zip: MIAMI, FL 33157 US

Title: D (X) Change ( ) Addition  
Name: DIAZ, GABRIEL  
Address: 11340 SW 186 ST  
City-St-Zip: MIAMI, FL 33157 US

Title: D (X) Change ( ) Addition  
Name: MALDONADO, HECTOR  
Address: 20124 SW 118 CT  
City-St-Zip: MIAMI, FL 33177 US

Title: P ( ) Change (X) Addition  
Name: DIAZ, JOEL  
Address: 28501 SW 152 AVE LOT 198  
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL DIAZ

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date