

# 2005 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N03000000939

1. Entity Name  
ENFOQUE FAMILIAR CRISTIANO, INC.



FILED

05 SEP 22 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8811 FOUNTAINBLEAU BLVD  
# 308  
MIAMI, FL 33172

Mailing Address  
8811 FOUNTAINBLEAU BLVD  
# 308  
MIAMI, FL 33172



2. Principal Place of Business  
14022 SW 91 Ter.  
Suite, Apt. #, etc.

3. Mailing Address  
14022 SW 91 Ter.  
Suite, Apt. #, etc.

09192005 REIN-NP CR2E099 (6/04)

City & State  
Miami FL  
Zip 33186 Country USA

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Miami FL  
Zip 33186 Country USA

4. FEI Number  
56-2314433  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GUERRA, ROSA  
9054 SW 147 COURT  
MIAMI, FL 33196

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUERRA, ROSA	
STREET ADDRESS	9054 SW 147 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUERRA, BLANCA	
STREET ADDRESS	9054 SW 147 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE	
STREET ADDRESS	9054 SW 147 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ACOSTA, CLAUDIA	
STREET ADDRESS	9054 SW 147 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300059871093
CITY-ST-ZIP	09/22/05--01042--001 **122.50
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	
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: *Rosa Guerra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/05

Date

Daytime Phone #