


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-24-2005 90047 050 ****61.25

DOCUMENT # N03000002246

1. Entity Name
COMUNIDAD CRISTIANA DORAL, INC.



Principal Place of Business
5625 NW 109 AVE #59 MIAMI, FL 33178

Mailing Address
5625 NW 109 AVE #59 MIAMI, FL 33178

66007708



2. Principal Place of Business
9300 NW 41 STREET

3. Mailing Address
4384 NW 109th PL

Suite, Apt. #, etc.
#59

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL

City & State
DORAL, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. FEI Number
81-0601975

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VICTOR, HERNANDEZ H
4832 NW 107 AVE #2011
MIAMI, FL 33178

7. Name and Address of New Registered Agent
 Name **VICTOR HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
4384 NW 109th PL
 City **DORAL** FL Zip Code **33178**

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 re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICTOR, HERNANDEZ H 5625 NW 109 AVENUE #59 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICTOR, HERNANDEZ H. 4384 NW 109th PL DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAULA, BETANCOURT A 5625 NW 109 AVENUE #59 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAULA, BETANCOURT A 4384 NW 109th PL DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURO VENZAS 9903 NW 52 LN DORAL, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

SIGNATURE: Mauro Venzas **MAURO VENZAS** 1/18/05 305-303-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #