

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0300002246

1. Entity Name  
**COMUNIDAD CRISTIANA DORAL, INC.**



FILED

07 JUN 18 AM 7:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 7915 NW 53RD STREET  
 DORAL, FL 33166

Mailing Address  
 7915 NW 53RD STREET  
 DORAL, FL 33166



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

12152006 Chg-NP CR2E037 (12/06)

4. FEI Number  
 81-0601975

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERNANDEZ, VICTOR**  
 4384 NW 109TH PL  
 DORAL, FL 33178

7. Name and Address of New Registered Agent  
 Name Cala, Victor  
 Street Address (P.O. Box Number is Not Acceptable)  
7340 NW 114 AVE # 202  
 City DORAL Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICTOR, HERNANDEZ H 4384 NW 109TH PL DORAL, FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENZAIS, MAURO 9903 NW 52 LN DORAL, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VICTOR J. CALA (OVVIA) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6440 NW 114 Ave, #425 7340 NW 114 AVE # 202 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDUARDO, BENJAMIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 114 NW 60th Street, #277 33178 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANITO, PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8251 NW 8th St., #303 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIAGO, FRANCISCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7725 SW 86 ST. Apt. 120 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200104883592 05/26/07--01037--012 **\$1.25
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 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