


FILED

03 SEP 11 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 0300007762*
1. Entity Name
COMPARTIENDO CON CRISTO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 		3. Mailing Address	
1160 SW 1 st STREET		580 W 12 th PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State HIALEAH FLORIDA	
Zip 33135	Country	Zip 33010	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>LANDA, MERCEDES</u>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<u>580 W 12th PLACE</u>	
	City <u>HALEAH</u>	Zip Code <u>33010</u>

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

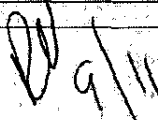
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9.10.2003

<p>FEE IS \$61.25 Initial or Amended UBR</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Florida Department of State</p>
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10. OFFICERS AND DIRECTORS			11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANDA, MERCEDES 580 W 12 th Place Hialeah, Florida 33010		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAGNESES, ISREAL 2244 SW 9 th Street, APT 8 MIAMI, Florida 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022961163 09/11/03--01011--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Blanco, GENOVEVA 6101 SW 19 th Street MIAMI, Florida 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E037B (12/02)