

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009613

FILED
Apr 29, 2007
Secretary of State

Entity Name: CENTRO CRISTIANO DE CONCEJERIA JESUCRISTO EL MAESTRO, INC.

Current Principal Place of Business:

6200 JOHNSON ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6200 JOHNSON ST
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-0413231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JOSE ROBERTO
225 E GOLF DR
#C249
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, JOSE ROBERTO
Address: 225 E GOLF DR #C249
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: GARCIA, NANCY TERESA
Address: 225 E GOLF DR #C249
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: CONTI, RELLES F
Address: 225 E GOLF DR #C249
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, JOSE R
Address: 2324 MADISON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: GARCIA, NANCY T
Address: 2324 MADISON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: CONTI, RELLES F
Address: 700 SW 70 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33023

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: RELLES F CONTI

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date