2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

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Entity Name: ASSOCIACION CHISTIANA DE PASTORES PROFESIONALES INC

Current Principal Place of Business:

13899 BISCAYNE BLV
PH-7
MIAMI, FL 33181

New Principal Place of Business:

13899 BISCAYNE BLV
400
MIAMI, FL 33181

Current Mailing Address:

13899 BISCAYNE BLV
PH-7
MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, OSCAR A DR
409 W HALLANDALE BEACH BLV
215
HALANDALE, FL 33009 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: P ( ) Delete
Name: MORALES, ALBERTO REV
Address: 409 W HALLANDALE BEACH BLV
City-St-Zip: HALLANDALE BEACH 215, FL 33009 US

Title: VP ( ) Delete
Name: VENDER, MATTHEWS REV
Address: 409 WEST HALLANDALE BEACH BLV 215
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP ( ) Delete
Name: CORTEZ, REGULO REV
Address: 409 W HALLANDALE BEACH BLV 216
City-St-Zip: HALANDALE, FL 33009 US

Title: VP ( ) Delete
Name: FERNANDEZ, ALICIA MS
Address: 409 WEST HALANDALE BEACH BLV-215
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete
Name: GALLO, DENNISE
Address: 409 W HALLANDALE BEACH
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERTO MORALES P 01/03/2006
Electronic Signature of Signing Officer or Director — Date