## 2007 NOT-FOR-PROFIT CORPORATION

## May 02, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N04000004676 05-02-2007 90067 023 \*\*\*\*61.25 COMUNIDAD CRISTIANA RESTAURACION, INC. Principal Place of Business Mailing Address 3337 SE SALERNO ROAD P.O. BOX 18527 WEST PALM BEACH, FL. 33416 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3337 SE Salerno Rd 3. Mailing Address 3337 S.E. Salerno Rd Suite, Apt. #, etc. Suite, Apt. #\_etc. 04242007 Cha-NP CR2E037 (12/06) City & State City & State ろてひムRT 4. FEI Number Applied For F/ STUDRT 20-1262949 Not Applicable 34997 Country U.S.A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRIOS, DIEGO S BARRIOS, DIEGO S Street Address (P.O. Box Number is Not Acceptable) 2269-B PINECREST COURT 4P+ 61 WEST PALM BEACH, FL 33415 STUART 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. DIEGO S BAPRIOS PD'). SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PD** TITLE ☐ Delete TITLE DiE60 S. BLERIOS BARRIOS, DIEGO NAME NAME 3720 SE BERHOUSE CIG STREET ADDRESS 2269-B PINECREST COURT STREET ADDRESS STUDET, F1. 34994 CITY-ST-7IP WEST PALM BEACH, FL 33415 CITY-ST-ZIP SD Delete TITLE TITLE ANGEL C FRAVIERDO SILVA BETTY NAME NAME 3337 S.E. Salarno Rd. STREET ADDRESS 2224 SHOMA DR STREET ADDRESS STUART, F1, 34997 CITY-ST-ZIP ROYAL PALM BEACH, FL 33414 CITY-ST-ZIP Hermelin, Barrios TD Delete TITLE TITLE NAME CRAGUN, CARMINA NAME 3720 SE GETEHOUSE ar STREET ADDRESS 10553 BORBIE I N STREET ADDRESS STUSPT, 71 34994 ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-7IP TELLE TO ☐ Delete 772 ☐ Change TITLE ☐ Addition POSTOSME, MARIO NAME NAME STREET ADDRESS **5930 S RUE RD** STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33415 CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP

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: \_

SIGNATURE AND TYPED OR RINTED MAKE OF SIGNING OFFICER OR DIRECTOR

**FILED**