2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000004676

FILED Sep 10, 2007 Secretary of State

Entity Name: COMUNIDAD CRISTIANA RESTAURACION, INC.

Current Principal Place of Business: New Principal Place of Business: 3337 SE SALERNO ROAD 301 S.W. WEST VIRGINIA DRIVE STUART, FL 34997 PORT SAINT LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 3337 SE SALERNO ROAD P.O. BOX 8165 STUART, FL 34997 PORT SAINT LUCIE, FL 34985 FEI Number: 20-1262949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRIOS, DIEGO S BARRIOS, DIEGO S 3720 SE GATEHOUSE CIR 3720 SE GATEHOUSE CIR APT 61 WEST PALM BEACH, FL 33415 US STUART, FL 34994 US 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: 09/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARRIOS, DIEGO Name: Name: Address: 3720 SE GATEHOUSE CIR APT 61 Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: SD Title: () Delete () Change () Addition IZQUIERDO, ANGEL C Name: Name: Address: 3337 SE SALERNO RD Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change () Addition HERMELIN, BARRIOS Name: Name: 3720 SE GATEHOUSE CIR APT 61 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition Name: POSTOSME, MARIO Name: Address: 5930 S RUE RD Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip:

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: DIEGO BARRIOS PD 09/10/2007