2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004676

FILED Apr 27, 2009 Secretary of State

Entity Name: COMUNIDAD CRISTIANA RESTAURACION, INC.

Current Principal Place of Business: New Principal Place of Business:

301 S.W. WEST VIRGINIA DRIVE PORT SAINT LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

P.O. BOX 8165 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
3720 SE GATEHOUSE CIR
APT 61
STUART, FL 34994 US

BARRIOS, DIEGO S
249 NE GLENTRY AVE
PORT SAINT LUCIE, FL 34983 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: 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BARRIOS, DIEGO
 Name:
 BARRIOS, DIEGO

 Address:
 3720 SE GATEHOUSE CIR APT 61
 Address:
 249 NE GLENTRY AVE

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

Title: SD () Delete Title: () Change () Addition Name: IZQUIERDO, ANGEL C Name: Address: 3337 SE SALERNO RD Address:

City-St-Zip: STUART, FL 34997 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HERMELIN, BARRIOS
 Name:
 HERMELIN, BARRIOS

 Address:
 3720 SE GATEHOUSE CIR APT 61
 Address:
 249 NE GLENTRY AVE

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

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 S BARRIOS PD 04/27/2009