


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90105 050 ****70.00

DOCUMENT # N04000005061					
1. Entity Name CENTRO DE AVIVAMIENTO CRISTIANO MINISTERIO INTERNACIONAL, INC.					
Principal Place of Business 117 E. LUCY ST. FLORIDA CITY FL 33034		Mailing Address 117 E. LUCY ST. FLORIDA CITY FL 33034			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 1st MOORE CR2E037 (10/04)	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CALDERON, PEDRO 13719 SW 283RD TERR. HOMESTEAD FL 33033			7. Name and Address of New Registered Agent Name CALDERON, PEDRO Street Address (P.O. Box Number is Not Acceptable) 13993 SW. 280 Terr City Naranja , FL Zip Code 33032		
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. SIGNATURE: <i>Pedro Calderon</i> (NOTE: Registered Agent signature required when reinstating) DATE: 5-2-05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, PEDRO		NAME	Calderon, PEDRO	
STREET ADDRESS	13719 SW 283RD TERR.		STREET ADDRESS	13993 SW. 280 Terr	
CITY-ST-ZIP	HOMESTEAD FL 33032		CITY-ST-ZIP	Naranja, FL 33032	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, GILBERTO		NAME		
STREET ADDRESS	29425 SW 152ND CT.		STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL 33033		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, HILDA		NAME	CALDERON, HILDA	
STREET ADDRESS	13719 SW 283RD TERR.		STREET ADDRESS	13993 SW. 280 Terr...	
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST-ZIP	Naranja, FL 33032	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Pedro Calderon</i>			Date: 5-2-05		Daytime Phone #: (786) 234-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #