## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000010318

Entity Name: LA VOZ DE CRISTO, INC.

FILED Dec 19, 2006 Secretary of State

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

P.O. BOX 1453 851 CLERMONT AVE SOUTH ORANGE PARK, FL 32067 US ORANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1453 581 CLERMONT AVE SOUTH ORANGE PARK, FL 32067 US ORANGE PARK, FL 32073 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALOVINI, GERARDO E 581 CLERMONT S AVE ORANGE PARK, FL 32073 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: GERARDO E MALOVINI

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GERARDO, MALOVINI E
 Name:

 Address:
 581 CLERMONT AVE S
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073 US
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MALOVINI, GRACIELA A
 Name:

 Address:
 581 CLERMONT AVE S
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073 US
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 MALOVINI, FABIAN J
 Name:

 Address:
 5 TUPELO DR
 Address:

 City-St-Zip:
 OLD BRIDGE, NJ 08857 US
 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: GERARDO E MALOVINI P 12/19/2006