2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011806

FILED Apr 30, 2009 Secretary of State

Entity Name: ORGANIZACION CRISTIANA AMOR VIVIENTE DE FLORIDA, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
4935 SV IIAMI, FL	V 23 LANE 33185			
urrent N	lailing Addres	s:	New Mailing Addres	ss:
4935 SV IIAMI, FL	V 23 LANE 33185			
El Number	: 20-2094017	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
4935 SV IIAMI, FL				
		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida. RE:			
n the Stat SIGNATU	e of Florida. RE: Electron	ic Signature of Registered Age	ent	Date
n the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Age FORS: Delete DSCAR LANE	ent	
n the Stat IGNATU PFFICER tle: ame: ddress:	e of Florida. RE: Electron S AND DIREC DP () SOLORZANO, C 14935 SW 23 MIAMI, FL 3318	ic Signature of Registered Age FORS: Delete DSCAR LANE 35 Delete VP TENUE UNIT 611	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
the Stat IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIRECT DP () SOLORZANO, C 14935 SW 23 MIAMI, FL 3318 VPD () ARIAS, JOSE A 355 NW 109 AV MIAMI, FL 3317	ic Signature of Registered Age FORS: Delete DSCAR LANE B5 Delete VP FENUE UNIT 611 72 Delete N R T EEET	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

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: OSCAR SOLORZANO DP 04/30/2009