## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000313

Title:

Name:

Address: City-St-Zip:

Entity Name: CENTRO CRISTIANO EL CAMINO INC.

FILED Mar 19, 2008 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
12013 HAMPSHIRE HILL CT RIVERVIEW, FL 33569 US			6213 E HILLSBOROUGH AVE TAMPA, FL 33610 US	
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	MPSHIRE HILL CT W, FL 33569 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 o	Name and Address of New Registered Agent:	
12013 HAI	GIOVANNI P MPSHIRE HILL CT W, FL 33569 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete SOLANO, GIOVANNI P 12013 HAMPSHIRE HILL CT RIVERVIEW, FL 33569 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete DICKSON, ROSA E 15184 SW 110 ST MIAMI, FL 33196 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete SALCEDO, GLORIA 16283 NW 17 CT PEMBROKE PINES, FL 33028 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete PARRA, ELENA J 12013 HAMPSHIRE HILL CT RIVERVIEW, FL 33569 US	Title: Name: Address: City-St-Zip:	( ) 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GIOVANNI SOLANO DIR 03/19/2008

() Delete

12310 HEALEY SUMMIT LN

RIVERVIEW, FL 33569

PARRA, ANDRES

() Change () Addition