2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003340

FILED Feb 13, 2008 Secretary of State

Entity Name: CHRISTIAN DOMINICAN AMERICAN CITIZENS, INC.

Current Principal Place of Business:				New Principal Place of Business:		
6101 BLUE LAGOON DR				7550 SW 56 ST.		
150 MIAMI, FL	331262011 US	3		MIAMI, FL	33155 US	
Current Mailing Address:				New Mailing Address:		
6101 BLUE LAGOON DR				PO BOX 565934 PINECREST, FL 33256 US		
150 MIAMI, FL 331262011 US						
FEI Number:	20-2748467	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of No	ew Registered Agent:
FLORIMON, HERMINIA 8701 SW 141ST ST. MIAMI, FL 33176 US				RICO'\$ 13901 SW 279TH. LANE. HOMESTEAD, FL 33032 US		
	named entity s of Florida.	ubmits this statement for the pu	urpose o	f changing it	s registered of	fice or registered agent, or both,
SIGNATUF	RE: RICO ORT	ΓΙΖ			02/13/2008	
	Electroni	c Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	S () VIZCAINO, AMPA 8701 SW 141ST MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()(Change () Addition
Title: Name: Address: City-St-Zip:	T () BRAVO, INGRID 8701 SW 141ST MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()(Change () Addition
Title: Name: Address: City-St-Zip:	D () DOMINGUEZ, HI 8701 SW 141ST MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	FLORIMON, HÉ	OON DRIVE SUITE 150		Title: Name: Address: City-St-Zip:	()(Change () Addition
Title: Name: Address: City-St-Zip:	GUZMAN, MÒŃI	OON DRIVE SUITE 150		Title: Name: Address: City-St-Zip:	DE OLEO, PEDE	OON DRIVE SUITE 150
Title: Name: Address: City-St-Zip:	MATOS, ARELÍS	OON DRIVE SUITE 150		Title: Name: Address: City-St-Zip:	FLORIMON, JÚL	OON DRIVE SUITE 150

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: HERMINIA FLORIMON PRES 02/13/2008