


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90224 013 \*\*\*\*61.25

**DOCUMENT # N05000006370**  
 1. Entity Name  
**CRISTO VIENE: DESPIERTA AMERICA, INC.**



Principal Place of Business  
 3010 N. COURSE DRIVE  
 SUITE 610  
 POMPANO BEACH, FL 33069

Mailing Address  
 3010 N. COURSE DRIVE  
 SUITE 610  
 POMPANO BEACH, FL 33069

**50016464**

2. Principal Place of Business  
*13069 NW 42nd Ave*

3. Mailing Address  
*13069 NW 42nd Ave*

Suite, Apt. #, etc.



01112006 Chg-NP CR2E037 (11/05)

City & State  
*OPA-LOCKA, FL*

City & State  
*OPA-LOCKA, FL*

Zip  
*33054*

Country  
*USA*

4. FEI Number  
*20-3042901*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERRERA-PEREZ, DIEGO M**  
 3010 N. COURSE DRIVE  
 SUITE 610  
 POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*1971 NW 34th Ave*  
 City  
*Coconut Creek* **FL** Zip Code  
*33066*

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 *[Signature]* **DIEGO HERRERA-PEREZ** *04/23/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAURE, RICARDO 3010 N. COURSE DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERA-PEREZ, DIEGO M 3010 N. COURSE DRIVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZANEO, JAMES A 12499 FOLSOM BLVD. #192 RANCHO CORDOVA, CA 95742	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLIZ AMURRO, ZUNNER E 3010 N. COURSE DR., #610 POMPANO BEACH, FL 33069333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZANEO, CLAUDIA 12499 FOLSSOM BLVD. RANCHO CORDOVA, CA 95742	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13069 NW 42nd Ave OPA LOCKA FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1971 NW 34th Ave Coconut Creek, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3959 Riley Anton Way Rancho Cordova, CA 95742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7335 FAIRWAY DR. Apt 603 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3959 RILEY ANTONWAY Rancho Cordova, CA 95742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Zunner Zunner Soliz* *04/17/06 (305)687-0888*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #