

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006370

FILED
Apr 25, 2009
Secretary of State

Entity Name: CRISTO VIENE: DESPIERTA AMERICA, INC.

Current Principal Place of Business:

13069 NW 42ND AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13069 NW 42ND AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-3042901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROJAS, SHAREE D
1906 SW 3 STREET
APT 202
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAURE, RICARDO
Address: 13069 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: VP () Delete
Name: HERRERA-PEREZ, DIEGO M
Address: 1971 NW 34TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: V () Delete
Name: ZEBALLOS, ALEXANDRA
Address: 2121 N. BAYSHORE DRIVE, APT 711
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: SOLIZ AMURRIO, ZUNNER E
Address: 830 NW 87TH AVE APT 302
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ZUNNER E SOLIZ AMURRIO

S

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date