

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004633

FILED
Apr 30, 2009
Secretary of State

Entity Name: CRISTIANOS INTERNACIONAL, INC.

Current Principal Place of Business:

8200 NW 27TH STREET
SUITE 109/110/111
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8200 NW 27TH STREET
SUITE 109/110/111
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-4555896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVILA, JAIRO
4813 NW 113 PL
MIAMI, FL 33178 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: DAVILA, JAIRO
Address: 4813 NW 113 PL
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: CASTRO, HOLLMAN
Address: 6500 NW 114TH AVENUE #1001
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: DAVILA, LEIDY
Address: 4813 NW 113 PL
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: OLAVE, KAREN
Address: 4865 NW 107 PASS
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: OLAVE, ALEXANDER
Address: 4865 NW 107 PASS
City-St-Zip: DORAL, FL 33178

Title: T () Delete
Name: CEBALLOS, ADRIANA
Address: 6500 NW 114TH AVENUE #1001
City-St-Zip: MIAMI, FL 33178

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:

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: JAIRO DAVILA

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date