

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011246

FILED
Apr 28, 2007
Secretary of State

Entity Name: CENTRO CRISTIANO FRUTO DE LA VID, CENTRO DE RESTAURACION FAMILIAR POINCIANA, INC.

Current Principal Place of Business:

395 MARINGOLD AVE
POINCIANA, FL 34759

New Principal Place of Business:

811 DEL PRADO DR.
POINCIANA, FL 34759

Current Mailing Address:

2373 NORTH CENTRAL AVENUE #D-339
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOZADA MEDINA, PEDRO I
395 MARINGOLD AVE
POINCIANA, FL 34759 US

Name and Address of New Registered Agent:

LOZADA MEDINA, PEDRO I
811 DEL PRADO DR.
POINCIANA, FL 34759 US

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:

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOZADA MEDINA, PEDRO I
Address: 395 MARINGOLD AVE
City-St-Zip: POINCIANA, FL 34759

Title: VD () Delete
Name: DIAZ DELGADO, MARIA V
Address: 395 MARINGOLD AVE
City-St-Zip: POINCIANA, FL 34759

Title: SD () Delete
Name: FONTANEZ, NYDIA M
Address: 395 MARINGOLD AVE
City-St-Zip: POINCIANA, FL 34759

Title: TD () Delete
Name: CRUZ, OLGA D
Address: 395 MARINGOLD AVE
City-St-Zip: POINCIANA, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOZADA MEDINA, PEDRO I
Address: 811 DEL PRADO DR.
City-St-Zip: POINCIANA, FL 34759

Title: VD (X) Change () Addition
Name: DIAZ DELGADO, MARIA V
Address: 811 DEL PRADO DR.
City-St-Zip: POINCIANA, FL 34759

Title: SD (X) Change () Addition
Name: FONTANEZ, NYDIA M
Address: 811 DEL PRADO DR.
City-St-Zip: POINCIANA, FL 34759

Title: TD (X) Change () Addition
Name: CRUZ, OLGA D
Address: 811 DEL PRADO DR.
City-St-Zip: POINCIANA, FL 34759

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: PEDRO I LOZADA MEDINA

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date