2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

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

Current Principal Place of Business:

1003 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 580208
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 20-5814816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZADA MEDINA, PEDRO I
811 DEL PRADO DRIVE
KISSIMMEE, FL 34758 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: PD
Name: LOZADA MEDINA, PEDRO I
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: VD
Name: DIAZ DELGADO, MARIA V
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: SD
Name: FONTANEZ, NYDIA M
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: TD
Name: LABOY, EMELY
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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 all other like empowered.

SIGNATURE: PEDRO I. LOZADA PD 04/13/2010

Electronic Signature of Signing Officer or Director — Date