

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 26, 2012
Secretary of State

DOCUMENT# N08000002632

Entity Name: CCF CENTRO CRISTIANO FAMILIAR, INC.**Current Principal Place of Business:**1555 NE, STE C-164 ST.
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**1555 NE, STE C-164 ST.
NORTH MIAMI BEACH, FL 33162**New Mailing Address:****FEI Number:** 26-2189374**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAX HOUSE CORPORATION
1100 S FEDERAL HWY - SECOND FLOOR
DEERFIELD BEACH, FL 33441 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
Name: SILVA, VICTOR MANUEL
Address: 1698 NE 181ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: LOPEZ, HAROLD
Address: 1595 NE 179 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: SILVA, ROSA
Address: 1698 NE 181ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: VICTOR SILVA

P

07/26/2012

Electronic Signature of Signing Officer or Director

Date