2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006471

City-St-Zip:

Entity Name: COMUNIDADE MUNDIAL DA FE, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4367 SW 10TH PLACE				3395 LAKE WORTH RD		
203 DEERFIELD BEACH, FL 334428329 US				6 PALM SPRINGS, FL 334616902 US		
Current Mailing Address:				New Mailing Address:		
4367 SW 10TH PLACE				4367 SW 10TH PLACE		
203 DEERFIELD BEACH, FL 334428329				203 DEERFIELD BEACH, FL 334428329 US		
FEI Number	: 26-3269993	FEI Number Applied For ()	FEI Numl	ber Not App	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
203 DEERFIEL The above	named entity	. 334428329 US submits this statement for the	purpose of	changing i	ts registere	ed office or registered agent, or bot
in the State	e of Florida.					
SIGNATU						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	AMARAL, MAR 4367 SW 10T		1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	LOPES, JOSE 3764 WOODF) Delete ELD DR EEK, FL 33073000 US	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	BATISTA, CAR 251 NW 43RD		1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete	1	Title: Name: Address: City-St-Zip:	3640 NW 7	()Change(X)Addition :S, NOEMIA P 8TH LANE RINGS, FL 33065
Title: Name: Address:	() Delete	1	Title: Name: Address:	D CRUZ, JUC 3764 WOO	() Change (X) Addition IMAR M DEIEL D.D.R

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.

City-St-Zip:

COCONUT CREEK, FL 33073

SIGNATURE: MARGARETH AMARAL P 04/28/2009