## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010702

FILED Apr 21, 2010 Secretary of State

Entity Name: CENTRO CRISTIANO LA PAZ INC.

Current Principal Place of Business: New Principal Place of Business:

5584 N OBT 5586 N OBT

ORLANDO, FL 32810 ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

527 TERRACE VIEW COVE 302 529 TERRACE VIEW COVE 202 ALTAMONTESPRINGS, FL 32714 ALTAMONTESPRINGS, FL 32714

FEI Number: 26-3765008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIEVES, EMILIO 529 TERRACE VIEW COVE 202 ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

Title: F

Name: NIEVES, EMILIO

Address: 529 TERRACE VIEW COVE 202 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPS

Name: NIEVES, MARITZA

Address: 529 TERRACE VIEW COVE 202 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D

Name: REVERON, JOSE Address: 5586 N OBT

City-St-Zip: ORLANDO, FL 32810

Title: TD

 Name:
 TORRES, KATHERINE

 Address:
 5586 N OBT

 City-St-Zip:
 ORLANDO, FL 32810

Title: D

Name: TORRES, FERDINAND

Address: 5586 N OBT

City-St-Zip: ORLANDO, FL 32810

Title: [

 Name:
 RODRIGUEZ, DANIEL

 Address:
 5586 N OBT

 City-St-Zip:
 ORLANDO, FL 32810

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: EMILIO NIEVES P 04/21/2010