2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# N08000010702

Entity Name: CENTRO CRISTIANO LA PAZ INC.

Current Principal Place of Business:

5586 N OBT
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

529 TERRACE VIEW COVE 202
ALTAMONTESPRINGS, FL 32714

New Mailing Address:

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

Name and Address of Current Registered Agent:

NIEVES, EMILIO
529 TERRACE VIEW COVE 202
ALTAMONTE SPRINGS, FL 32714 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: 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: RODRIGUEZ, EMILY
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: D
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 04/11/2011

Electronic Signature of Signing Officer or Director — Date