

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15760

FILED
Mar 25, 2009
Secretary of State

Entity Name: RENOVACION CARISMATICA CATOLICA HISPANA, INC.

Current Principal Place of Business:

500 N.W. 22ND AVENUE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 140398
CORAL GABLES, FL 331140398

New Mailing Address:

P.O.BOX 352140
MIAMI, FL 331352140

FEI Number: 65-0043686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOS REYES, RAFAEL A
5750 S.W. 45TH TERRACE
MIAMI, FL 33155 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 () Delete
Name: DE LOS REYES, RAFAEL A
Address: 5750 S.W. 46 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: GONZALEZ, CONCEPCION
Address: 11331 N.W. 23 ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD () Delete
Name: FUENTE, JOSE E
Address: 8950 SW 156 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FUENTE, JOSE E
Address: 9921 N W 26 ST
City-St-Zip: MIAMI, FL 33172

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.

SIGNATURE: RAFAEL A DE LOS REYES

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date