


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N18970	
1. Entity Name COMUNIDADES DE FORMACION CRISTIANA, INC.	

Principal Place of Business	Mailing Address
1601 NW 27 AVE MIAMI, FL 33125 US	1601 NW 27 AVE MIAMI, FL 33125 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-2782132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MARADIAGA, HECTOR 1641 NW 29TH COURT MIAMI, FL 33125

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8. 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. I am familiar with, and accept the obligations of registered agent.

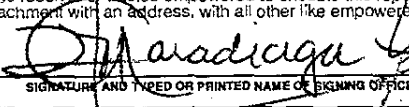
SIGNATURE	Signature, typed or printed name of registered agent and title (Applicable)	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARADIAGA, HECTOR 1641 NW 29 CT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARIAS, RENAN 9980 SW 146TH PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARADIAGA, HECTOR 1641 NW 29TH COURT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARIAS, MARCO 2650 NW 25 AVE., APT #111 MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	HECTOR MARADIAGA	01/20/05	(305) 633-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #