2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 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

01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2782132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475396
04/05/06-80013-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARADIAGA, HECTOR
STREET ADDRESS	1641 NW 29 CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VP
NAME	CARIAS, RENAN
STREET ADDRESS	9980 SW 146TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	MARADIAGA, HECTOR
STREET ADDRESS	1641 NW 29TH COURT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	TD
NAME	CARIAS, MARCO
STREET ADDRESS	2650 NW 25 AVE., APT #111
CITY-ST-ZIP	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 exemptions contained 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 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: Maradiaga MARCH 15, 2006 (305)633-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #