2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N18970

Entity Name: COMUNIDADES DE FORMACION CRISTIANA, INC.

Current Principal Place of Business:

1601 NW 27 AVE
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

1601 NW 27 AVE
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 59-2782132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARADIAGA, HECTOR
1641 NW 29TH COURT
MIAMI, FL 33125 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: MARADIAGA, HECTOR
Address: 1641 NW 29 CT
City-St-Zip: MIAMI, FL 33125

Title: VP ( ) Delete
Name: FLORES, MARVIN
Address: 1022 NE 110 ST
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete
Name: MARADIAGA, HECTOR
Address: 1641 NW 29TH COURT
City-St-Zip: MIAMI, FL 33125

Title: TD (X) Delete
Name: CARIAS, MARCO,
Address: 2650 NW 25 AVE., APT #111
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: MARADIAGA, HECTOR
Address: 1641 NW 29 COURT
City-St-Zip: MIAMI, FL 33125

Title: TD (X) Change ( ) Addition
Name: CARIAS, MARCO
Address: 2650 NW 25 AVE. APT # 111
City-St-Zip: MIAMI, FL 33142

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

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: HECTOR MARADIAGA PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date