2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2005
Secretary of State

DOCUMENT# N23702

Entity Name: CENTRO CRISTIANO FUENTE DE VIDA, INC.

Current Principal Place of Business:

7155 SW 47TH STREET
#310
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

18312 SW 94TH CT.
MIAMI, FL 331571753 US

New Mailing Address:

FEI Number: 65-0025405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARRERO, RADAMES
18312 SW 94 CT
MIAMI, FL 33157 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: PTRD ( ) Delete
Name: MARRERO, RADAMES
Address: 18312 SW 94TH CT.
City-St-Zip: MIAMI, FL 33157

Title: TTRD ( ) Delete
Name: MELVIN CHIN,
Address: 9365 SW 171 ST TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete
Name: MENDOZA, CARLOS
Address: 14601 SW 126 PL
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete
Name: MARRERO, NANCY
Address: 18312 SW 94TH CT
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: TORRES, NORMA
Address: 14234 SW 148 PL
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TTRD (X) Change ( ) Addition
Name: CHIN, MELVIN TREAS
Address: 9365 SW 171 ST TERRACE
City-St-Zip: MIAMI, FL 33157

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY MARRERO VP 07/09/2005

Electronic Signature of Signing Officer or Director — Date