

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N26240 1. Entity Name COMUNIDAD CRISTIANA SINAI, INC.	
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Principal Place of Business 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170	Mailing Address 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170
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DO NOT WRITE IN THIS SPACE



08232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0799280	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIRO MEMBRENO 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170	DO NOT WRITE IN THIS SPACE
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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 if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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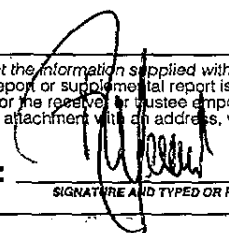
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEMBRENO, RAMIRO PASTOR 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VELASQUEZ, ANTONIO 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTILLO, MARIETTA PUPO 12355 SW 253 TERRA MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VEGA, LUCILA 22500 OLD DIXIE HIGHWAY GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/30/05-80003-010 8.75

000000377424
08/30/05-80003-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ramiro Membreño** **8/24/05** **(305) 258-9418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #