2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N26240

1. Entity Name
COMUNIDAD CRISTIANIA SINAI, INC.

Principal Place of Business	Mailing Address
22500 OLD DIXIE HIGHWAY GOULDS, FL 33170	22500 OLD DIXIE HIGHWAY GOULDS, FL 33170

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

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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 September 7, 2005

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

10. *OFFICERS AND DIRECTORS*

TITLE	PD
NAME	MEMBRENO, RAMIRO PASTOR
STREET ADDRESS	22500 OLD DIXIE HIGHWAY
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	DVP
NAME	VELASQUEZ, ANTONIO
STREET ADDRESS	22500 OLD DIXIE HIGHWAY
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	DS
NAME	CASTILLO, MARIETTA PUPO
STREET ADDRESS	12355 SW 253 TERRA
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	DT
NAME	VEGA, LUCILA
STREET ADDRESS	22500 OLD DIXIE HIGHWAY
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000377424
08/30/05-80003-010 9.75

U00000377424
08/30/05-80003-009 61.25

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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)(i), 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 Membreno 8/24/05 (305)258-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #