

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35513

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** CRISTO REY COMMUNITY CORP.

**Current Principal Place of Business:**

8620 SW 87 TERRACE  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

8620 SW 87 TERRACE  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0165592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, GILDA  
8620 SW 87 TERRACE  
MIAMI, FL 33143 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: DPT ( ) Delete  
Name: MARTINEZ, GILDA  
Address: 8620 SW 87 TERRACE  
City-St-Zip: MIAMI, FL 33143 US

Title: DVS ( ) Delete  
Name: MCGUIRE, THAIS  
Address: 8620 SW 87 TERRACE  
City-St-Zip: MIAMI, FL 33143 US

Title: DS ( ) Delete  
Name: SORA, EFRAIN  
Address: 8620 SW 87 TERRACE  
City-St-Zip: MIAMI, FL 33143 US

Title: DS ( ) Delete  
Name: ABAD, LOTY  
Address: 8620 SW 87 TERRACE  
City-St-Zip: MIAMI, FL 33143 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: GILDA MARTINEZ

DPT

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date