

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42234

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** COMUNIDAD CRISTIANA CASA DE RESTAURACION, INC.

**Current Principal Place of Business:**

2930 LARK ROAD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2930 LARK ROAD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 65-0249934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSALES, JORGE  
9265 SW 2ND ST  
BOCA RATON, FL 33428 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: P ( ) Delete  
Name: ROSALES, JORGE  
Address: 9265 SW 2ND STREET  
City-St-Zip: BOCA RATON, FL 33428

Title: SD ( ) Delete  
Name: BARAHONA, MANUEL  
Address: 9630 SUNPOINTE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete  
Name: BENITEZ, JOSE  
Address: 6284 C. DURHAM DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: MENDEZ, ABELINO  
Address: 4044 SANDRA LANE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: ALVAREZ, FRANK  
Address: 236 SANDPIPER AVENUE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: C ( ) Delete  
Name: ARROYO, RUBEN L  
Address: 15120 S.W. 149TH AVENUE  
City-St-Zip: MIAMI, FL 33196

**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:

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: RUBEN ARROYO

C

04/30/2004

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

\_\_\_\_\_  
Date