

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 020 ****61.25

DOCUMENT # N45262 1. Entity Name CENTRO BIBLICO INTERNACIONAL INC. A/G					
Principal Place of Business 8701 SW 124 STREET MIAMI, FL 33176				Mailing Address 8701 SW 124 STREET MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40060257 	
City & State		City & State		03242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0318247	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BALLESTAS, ORLANDO 9361 SW 97CT MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLESTAS, ORLANDO 15776 SW 50 TERR MIAMI, FL 33185 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALLESTAS, ORLANDO 9361 SW 97 CT MIAMI, FL 33176 (New address) ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELEZ, MIRELLA 11211 NW 62 COURT HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINERAS, PABLO 8200 NW 10 ST #1 MIAMI, FL 33126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PABLO PINERES 10720 NW 66 St. Apt. 406 DORAL, FL 33178 (New address) ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.					
SIGNATURE: <u>ORLANDO BALLESTAS</u> 03-04-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					