


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003888

1. Entity Name
 CHRISTIAN NUTRITION COUNSELORS ASSOCIATION, INC.



Principal Place of Business 11420 SW 43 ST MIAMI, FL 33165	Mailing Address 11420 SW 43 ST MIAMI, FL 33165
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04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URIARTE, JESUS
 10 NW 42 AVE
 STE 610
 MIAMI, FL 33126

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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 re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEATO, JUAN L 7381 SW 104 PATH MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINEDA, OSCAR H 11420 SW 43 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMBAS, MARIO F 2937 SW 17TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JORGE I 14491 SW 153 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000332721
 04/26/05-80059-012 61.25

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: Oscar H. Pineda OSCAR H. PINEDA 04-19-05 305-553-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #