

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# N93000003888

Entity Name: CHRISTIAN NUTRITION COUNSELORS ASSOCIATION, INC.

**Current Principal Place of Business:**

11420 SW 43 ST  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

11420 SW 43 ST  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

URIARTE, JESUS  
10 NW 42 AVE  
STE 610  
MIAMI, FL 33126 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: PD ( ) Delete  
Name: BEATO, JUAN L  
Address: 7381 SW 104 PATH  
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete  
Name: PINEDA, OSCAR H  
Address: 11420 SW 43 ST  
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete  
Name: CAMBAS, MARIO F  
Address: 2937 SW 17TH ST  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: DIAZ, JORGE I  
Address: 14491 SW 153 TERRACE  
City-St-Zip: MIAMI, FL

**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 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: OSCAR H. PINEDA

VD

04/24/2006

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

\_\_\_\_\_  
Date