

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005770

FILED
Feb 04, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO RESTAURACION, INC.

Current Principal Place of Business:

1600 N CHICKASAW TRAIL
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 677788
ORLANDO, FL 328677788 US

New Mailing Address:

FEI Number: 59-3219309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, JOSE T
2560 CORBYTON CT
ORLANDO, FL 32828 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: D () Delete
Name: GONZALEZ, MICHAEL D
Address: 7920 TUMBLEWEED CT
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: MILLAN, PABLO
Address: 1219 N. CHICKASAW TR.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: SALDANA, MYRIAM
Address: 219 PINE ARBOR DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: MARQUEZ, NANCY
Address: 3945 DUCK CT.
City-St-Zip: ORLANDO, FL 32822

Title: P () Delete
Name: MOYA, JOSE T
Address: 2560 CORBYTON CT.
City-St-Zip: ORLANDO, FL 32828

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:

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: JOSE T MOYA

DP

02/04/2009

Electronic Signature of Signing Officer or Director

Date