## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N93000005770

TI FILED
Jun 30, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO RESTAURACION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1600 N CHICKASAW TRAIL ORLANDO, FL 32825 **Current Mailing Address: New Mailing Address:** P O BOX 677788 ORLANDO, FL 328677788 US FEI Number: 59-3219309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOYA, JOSE T SALDANA, MYRIAM 219 PINE ÁRBOR DRIVE 2560 CORBYTON CT ORLANDO, FL 32828 US ORLANDO, FL 32828 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: MYRIAM SALDANA 06/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GONZALEZ, MICHAEL D Name: Name: 7920 TUMBLEWEED CT Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MILLAN, PABLO Name: Name: Address: 1219 N. CHICKASAW TR. Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SALDANA, MYRIAM Name: SALDANA, MYRIAM Name: 219 PINE ARBOR DRIVE 219 PINE ARBOR DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: SD ( ) Delete Title: () Change () Addition MARQUEZ, NANCY Name: Name: Address: 3945 DUCK CT. Address: City-St-Zip: ORLANDO, FL 38222 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MOYA, JOSE T SANYER, GERMAN Name: Name: 2560 CORBYTON CT. 666 WREN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: ( ) Change (X) Addition CABRISA, ZAIDA Name: Name: Address: Address: 806 STERLING SPRING ROAD ORLANDO, FL 32828 City-St-Zip: 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: MYRIAM SALDANA P 06/30/2009