

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 06, 2009**  
**Secretary of State**

DOCUMENT# N93000005770

**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 (X)****Name and Address of Current Registered Agent:**SALDANA, MYRIAM  
219 PINE ARBOR DRIVE  
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:** P ( ) 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:** D ( ) Delete  
**Name:** SANYER, GERMAN  
**Address:** 666 WREN DRIVE  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** D (X) Delete  
**Name:** CABRISA, ZAIDA  
**Address:** 806 STERLING SPRING ROAD  
**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:****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: MICHAEL D GONZALEZ

D

11/06/2009

Electronic Signature of Signing Officer or Director

Date