


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

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| DOCUMENT # N94000000449 |  |
| 1. Entity Name CHRISTIAN INTERNATIONAL ALLIANCE, INC. | |

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| Principal Place of Business 14512 SW 98 TRR. MIAMI, FL 33186 US | Mailing Address 14512 SW 98 TRR. MIAMI, FL 33186 US |
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0463968 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CALVO, RENE R 14512 SW 98 TR MIAMI, FL 33186 |
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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, from [blank] to [blank] with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CALVO, RENE R REV 14512 SW 98 TRR. MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT PARDO, MARIA E 11716 SW 18 ST, APT 104 MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABRERA, VICENTE 6083 W 22 LANE HIALEAH MIAMI, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rene R. Calvo 01-24-08 305 385-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #