

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002077

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** FUNDACION CENTROS CRISTIANOS INTERCONTINENTALES, INC.

**Current Principal Place of Business:**

18335 NW 61 AVE  
MIAMI, FL 33015 US

**New Principal Place of Business:**

2674 WEST 84 ST.  
HIALEAH, FL 33016 US

**Current Mailing Address:**

18335 N.W. 61 AVE.  
MIAMI, FL 33015 US

**New Mailing Address:**

18093 N.W. 60 COURT  
MIAMI, FL 33015 US

**FEI Number:** 65-0486265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESCARTES, CELMALI  
18335 NW 61 AVE  
MIAMI, FL 33015 US

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

DESCARTES, CELMALI  
18093 N.W. 60 COURT  
MIAMI, FL 33015 US

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:

04/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DESCARTES, CELMALI  
Address: 18335 NW 61 AVE  
City-St-Zip: MIAMI, FL 33015

Title: STD ( ) Delete  
Name: HERNANDEZ, ISABELE  
Address: 18335 NW 61 AVE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DESCARTES, CELMALI  
Address: 18093 N.W. 60 COURT  
City-St-Zip: MIAMI, FL 33015

Title: STD (X) Change ( ) Addition  
Name: HERNANDEZ, ISABEL  
Address: 18093 N.W. 60 COURT  
City-St-Zip: MIAMI, FL 33015

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: CELMALI DESCARTES

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date