2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N95000002540

Entity Name: CENTRO DE ESTUDIO CRISTIANOS, INC. OF MIAMI

Current Principal Place of Business:

424 S.W. 12 AVE.
100
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44-1646
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0593090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, SENEN
424 S.W. 12 AVE.
#100
MIAMI, FL 33130 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: PD ( ) Delete
Name: RODRIGUEZ, SENEN
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

Title: D ( ) Delete
Name: MEJIA, IDLIA
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

Title: SD ( ) Delete
Name: MEJIA, GLORIA
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

Title: T/T ( ) Delete
Name: RODRIGUEZ, OLGA
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

Title: D ( ) Delete
Name: MORALES, PEDRO
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

Title: D ( ) Delete
Name: DIAZ, CARLOS
Address: PO BOX 44-1646
City-St-Zip: MIAMI, FL 331441646

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: SENEN RODRIGUEZ PD 02/14/2009

Electronic Signature of Signing Officer or Director — Date