


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003670	
1. Entity Name CHRISTIAN BROTHERHOOD FOUNDATION, INC.	

Principal Place of Business 7800 S.W. 56TH STREET MIAMI, FL 33155 US	Mailing Address 7984 SW 56 ST MIAMI, FL 33155 US
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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0631149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ. 250 GIRALDA AVE CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DELGADO, ALBERTO M 9715 SW 114TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DELGADO, MARIAM 9715 SW 114TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIVA, DIEGO 13635 DEERING BAY DR 293 CORAL GABLES, FL 33158
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 exemption stated in Section 19.07(3)(f), 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: 	ALBERTO M. DELGADO	4/26/05	(305) 273-1263
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>