
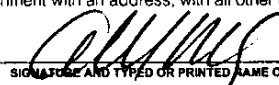


FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90013 020 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0631149	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NUNEZ, ALEJANDRO ESQ. 250 GIRALDA AVE CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ALBERTO M		NAME	DELGADO, ALBERTO M.	
STREET ADDRESS	9715 SW 114TH STREET		STREET ADDRESS	12295 SW 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, MARIAM		NAME	DELGADO, MARIAM	
STREET ADDRESS	9715 SW 114TH STREET		STREET ADDRESS	12295 SW 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIVA, DIEGO		NAME	LEIVA, DIEGO	
STREET ADDRESS	13635 DEERING BAY DR 293		STREET ADDRESS	16781 SW 78 CT	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			2/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		