


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004404</b> 1. Entity Name CENTRO CRISTIANO CASA DE ORACION, INC.	
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Principal Place of Business 5711 W HALLANDE BEACH BLVD HOLLYWOOD, FL 33023	Mailing Address 6497 MIRAMAR PKWY MIRAMAR, FL 33023 US
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0603276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TORRES, CARLOS 5711 W HALLANDE BEACH BLVD HOLLYWOOD, FL 33023	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000086623 03/12/04-80030-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TORRES, CARLOS 5711 W HALLANDE BEACH BLVD HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FLORIAN, GILDARDO 5711 W HALLANDE BEACH BLVD HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MOVILLA, GISELA 5711 W. HALLANDE BEACH BLVD. HOLLYWOOD, FL 33023
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** CARLOS TORRES 3/11/04 954-987-9986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #