2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2006 8:00 am DOCUMENT # N95000004404 Secretary of State 1. Entity Name 05-09-2006 90089 018 ****61.25 CENTRO CRISTIANO CASA DE ORACION, INC. Principal Place of Business Mailing Address 5711 W HALLANDE BEACH BLVD HOLLYWOOD FL 33023 6497 MIRAMAR PKWY MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0603276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 5711 W HALLANDE BEACH BLVD **HOLLYWOOD FL 33023** 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: Rogistered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE TIERE Defete ☐ Change TORRES, CARLOS NAME NAME STREET ADDRESS 5711 W HALLANDE BEACH BLVD STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP CRUZ, JUAN RAMON OR 5711 W. Hollandde Beach Blvd. TITLE 🔀 Delete TITLE **Addition** BALAGUER, JAIME NAME NAME 5711 W HALLANDALE BEACH BLVD STREET ADDRESS STREET ADDRESS Hollywood, FL 33023 HOLLYWOOD, FL 38023 CITY-ST-ZIP CITY-ST-ZIP 5711 W. Hallandale Beach Blud Delete DS TITLE TITLE MOVILLA, GISELA NAME NAME 5711 W. HALLENDALE BEACH BLVD. STREET ADDRESS STREET ADDRESS Hollywood, FL 33023 HOLLYWOOD FL 33023 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ 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 Section 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: _

CARLOS TORRES

954-987-9986

FILED