2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005118

Title:

Name:

Address:

City-St-Zip:

Entity Name: CRISTO LA SOLUCION, INC.

FILED Jan 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2081 W 76 ST SUITE 4 HIALEAH, FL 33016 **New Mailing Address: Current Mailing Address:** PO BOX 160517 HIALEAH, FL 33016 FEI Number: 65-0602377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, JOSE LUIS 6531 SW 106 AVE. US MIAMI, FL 33173 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRUDO, JUAN O REV. Name: Name: PO BOX 160517 Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: VTD Title: () Delete () Change () Addition Name: DIAZ, JOSE L PASTOR Name: Address: PO BOX 160517 Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: () Delete Title: () Change () Addition PINEDA, RICARDO L PASTOR Name: Name: Address: PO BOX 160517 Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: DIMIRO, ALFREDO D PASTOR Name: Address: P O BOX 160517 Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE LUIS DIAZ VP 01/22/2006

() Delete

DIAZ, LIDIA E PASTOR

P O BOX 160517

HIALEAH, FL 33016

() Change () Addition