

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005118

FILED
Jan 26, 2009
Secretary of State

Entity Name: CRISTO LA SOLUCION, INC.

Current Principal Place of Business:

9860 SW 56 ST
MIAMI, FL 33165

New Principal Place of Business:

8476 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

POBOX 833085
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0602377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, JOSE LUIS
6531 SW 106 AVE.
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CRUDO, JUAN O REV.
Address: PO BOX 833085
City-St-Zip: MIAMI, FL 33283

Title: VTD () Delete
Name: DIAZ, JOSE L PASTOR
Address: POBOX 833085
City-St-Zip: MIAMI, FL 33283

Title: D () Delete
Name: PINEDA, RICARDO L PASTOR
Address: POBOX 833085
City-St-Zip: MIAMI, FL 33283

Title: CD () Delete
Name: DIMIRO, ALFREDO D PASTOR
Address: P O BOX 833085
City-St-Zip: MIAMI, FL 33283

Title: SD () Delete
Name: DIAZ, LIDIA E PASTOR
Address: P O BOX 833085
City-St-Zip: MIAMI, FL 33283

Title: W () Delete
Name: PINEDA, SILVINA J PASTOR
Address: POBOX 833085
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: LIDIA DIAZ

SD

01/26/2009

Electronic Signature of Signing Officer or Director

Date