

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002126 1. Entity Name CENTRO BIBLICO CRISTIANO, INC.	
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Principal Place of Business 103 W. FLAGLER # 76 MIAMI, FL 33174	Mailing Address 10962 SW 3 STREET #F2 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0820481	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONTERROSA, EDUARDO 10962 SW 3 ST. #F-2 MIAMI, FL 33174
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**DO NOT WRITE
IN THIS SPACE**

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, 2008**

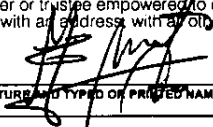
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTERROSA, EDUARDO 4265 NW SOUTH TAMiami CANAL DRIVE #204 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTERROSA, ALEX 10962 SW 3 ST. #F-2 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIFFA, ROBERTO 4301 NW 8TH ST TERRACE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, MARINA 11202 N.W. 4TH ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE POSADA, MARIBEL D 11427 NW 4TH TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000946872
05/30/08-80066-017 61.25

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **04/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #