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.

Principal Place of Business	Mailing Address
103 W. FLAGLER # 76 MIAMI, FL 33174	10962 SW 3 STREET #F2 MIAMI, FL 33174

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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0820481
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTERROSA, EDUARDO
10962 SW 3 ST. #F-2
MIAMI, FL 33174

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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05/30/08-80066-017 61.25

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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 all other like empowered.

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