2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N99000002612

Entity Name: CENTRO CRISTIANO DE AMOR Y FE, INC.

Current Principal Place of Business:

5859 S.W. 16 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5859 S.W. 16 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0915742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINA-SAAVEDRA, OSCAR G
5859 S.W. 16 STREET
MIAMI, FL 33155 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: MINA-SAAVEDRA, OSCAR G
Address: 5859 S.W. 16 STREET
City-St-Zip: MIAMI, FL 33155

Title: VPD ( ) Delete
Name: VARGAS, ELIZABETH
Address: 5859 S.W. 16 STREET
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete
Name: GIRALDO, LUZ A
Address: 15973 S.W. 74 STREET
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: LOPEZ, ISMAEL
Address: 11257 SW 88 STREET #G214
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: LOPEZ, MELIDA
Address: 11257 SW 88 STREET #G214
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: CAMACHO, MANUEL A
Address: 15973 S.W. 74 STREET
City-St-Zip: MIAMI, FL 33193

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: MINA-SAAVEDRA OSCAR G PD 01/28/2009

Electronic Signature of Signing Officer or Director — Date