2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002638

Entity Name: COMUNIDAD DE CRISTO INC.

FILED Jul 31, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1234 WEST 31ST STREET HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 1234 WEST 31ST STREET HIALEAH, FL 33012 FEI Number: 65-0975764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRACIA, GIANNI 13107 S. W. 3RD STREET MIAMI, FL 33184 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: (X) Change () Addition () Delete PINEDA, ANA J FONSECA-VELEZ, MERCY Name: Name: 13200 SW 54TH COURT Address: 6253 NW 2ND STREET Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: MIAMI, FL 33126 Title: E/D Title: E/D (X) Change () Addition () Delete FERNANDEZ, JAIME Name: Name: YGLESIAS, JORGE Address: 17131 NW 44 CT. Address: 869 WEST 80 PLACE City-St-Zip: CAROL CITY, FL 33055 City-St-Zip: HIALEAH, FL 33014 Title: () Delete Title: () Change () Addition MEJIAS, JUAN ANTONIO Name: Name: 19080 NW 86 AVE. Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: () Delete Title: Title: () Change () Addition MONSALVE, LUIS G Name: Name: 6745 NW 189 TERRACE Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: () Change () Addition PORTILLO, WALTER Name: Name: 4911 SW 148 PLACE Address: Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: Title: () Delete Title: () Change () Addition CASTILLO, CLAUDIA Name: Name: Address: 15050 SW 49TH LANE, APT. G Address: MIAMI, FL 33105 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUIS MONSALVE E 07/31/2004