2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90003 034 ****61.25

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DOCUMENT N99000002638

1. Entity Name
COMUNIDAD DE CRISTO INC.

Principal Place of Business	Mailing Address
8180 NW 36TH STREET 323 DORAL, FL 33166	8180 NW 36TH STREET 323 DORAL, FL 33166

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10395 N.W. 41 Street	10395 N.W. 41 Street
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.: 110
City & State: Doral, Florida	City & State: Doral. Fl
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: U.S.A.

4. FEI Number 65-0975764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAIME, FERNANDEZ P
5405 NW 158 TERRACE,
APT. # 201
MIAMI, FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 J Ann Fernandez 03-05-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due By May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E PORTILLO, WALTER 4911 SW 148 PLACE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 7585 S.W. 109th Place Miami, Fl 33173	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VALLADARES, MARIO 9149 NW 152 LANE MIAMI LAKES, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E FERNANDEZ, JAIME 5405 NW 158 TERRACE, APT.#201 MIAMI, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E MONSALVE, LUIS G 12744 SW 49TH CT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E GARCIA, HECTOR 18322 SW 142ND CT MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E GIANNI, GRACIA P 13031 NW 10 STREET MIAMI, FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1044 N.W. 129 Court. Miami, Fl 33182	

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 J Ann Fernandez 03-05-07 786-357-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #