

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

21. 252003

01-25-2001 90060 001 \*\*\*\*61.25  
 01-25-2001 90060 002 \*\*\*\*8.75

**DOCUMENT # N99000005131**  
 1. Entity Name  
**COMUNIDAD CRISTIANA EL CAMINO, INC.**

Principal Place of Business <b>18936 NW 57TH AVENUE MIAMI FL 33015</b>	Mailing Address <b>18936 NW 57 AVE APT 205 MIAMI FL 33015</b>
---	--

2. Principal Place of Business <b>14216 SW 132 AV</b> Suite, Apt. #, etc. <b>Miami, Florida</b> City & State <b>33186, E.U.</b> Zip Country	3. Mailing Address <b>14216 SW 132 AV</b> Suite, Apt. #, etc. <b>Miami, Florida</b> City & State <b>33186, E.U.</b> Zip Country
---	---

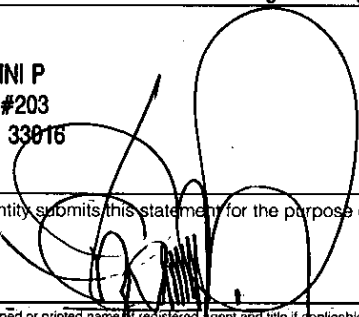


DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0982610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent.  
**SOLANO, GIOVANNI P**  
**5480 W. 24 AVE. #203**  
**MIAMI SPRING FL 33015**

7. Name and Address of New Registered Agent  
 Name **Enzo Grosso**  
 Street Address (P.O. Box Number is Not Acceptable) **14216 SW**  
**132 AV Miami, Florida 33186**  
 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.  
 SIGNATURE  DATE **01-12-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CASTRO, IVAN</b> <input type="checkbox"/> Delete <b>18936 NW 57TH AVE. 205 MIAMI FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDS VEGA, PATRICIA</b> <input type="checkbox"/> Delete <b>18936 NW 57TH AVE. 205 MIAMI FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>SOLANO, GIOVANNI P</b> <b>18936 NW 57TH AVE. 205 MIAMI FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ivan Castro</b> <b>14165 SW 87 ST Apto. 105 Bloque D. Miami, Florida. 33186.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patricia Vega</b> <b>14165 SW 87 st Apto. 105 Bloque D. Miami, Florida 33186.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Enzo Grosso</b> <b>14216 SW 132 AV Miami, Florida 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **01-12-01** (305) 3859670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)