2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000116914

Entity Name: THE COMUNITY INTERNATIONAL CRISTIAN FINANCE CORP.

FILED Oct 23, 2004 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
8225 HAPP KISSIMME,	YTRAIL RD. FL 34747	US	1424 RIDGI KISSIMME,		US	
Current Mailing Address:			New Mailir	New Mailing Address:		
8225 HAPP KISSIMME,	YTRAIL RD. FL 34747	US	1424 RIDGI KISSIMME,		US	
FEI Number:		FEI Number Applied For (X)	El Number Not Appli	cable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
BARRERO, RAMON E 8225 HAPPYTRAIL RD. KISSIMME, FL 34747 US						
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 Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PD () BARRERO, RAI 8225 HAPPYTR KISSIMME, FL	AIL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SUAREZ, ANA I 8225 HAPPYTR KISSIMME, FL	AIL RD.	Title: Name: Address: City-St-Zip:	VD (X SUAREZ, ANA 1424 RIDGE S KISSIMME, FL	ST	
Title: Name: Address: City-St-Zip:	D () CASTRO, MERO 8225 HAPPYTR KISSIMME, FL	AIL RD.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BARRERO, DAI 8225 HAPPYTR KISSIMME, FL	AIL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SUAREZ, KATH 8225 HAPPYTR KISSIMME, FL	AIL RD.	Title: Name: Address: City-St-Zip:	D (X SUAREZ, KATI 1424 RIDGE S KISSIMME, FL	ST	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP (SUAREZ, SAN 1424 RIDGE S KISSIMMEE, F	ST	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTOS SUAREZ

VP 10/23/2004