

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN -2 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05232006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000014417			
1. Entity Name LIBRERIA CRISTIANA ADONAI, INC.			
Principal Place of Business 1162 SW 1 STREET MIAMI, FL 33135		Mailing Address 1162 SW 1 STREET MIAMI, FL 33135	
2. Principal Place of Business 1162 SW 1 ST Suite, Apt. #, etc. Miami, FL		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33135	Country USA	Zip	Country Bade
4. FEI Number 37-1503575		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, DAISY 510 SW 11 AVE #3 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: Ruben A. Rodriguez Street Address (P.O. Box Number is Not Acceptable): 510 SW 11 ave apt #3 City: Miami FL Zip Code: 33130	
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: Ruben A Rodriguez Ruben A Rodriguez 05/29/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 06/14/06--01005--020 **\$61.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, DAISY 510 SW 11 AV#3 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ruben A Rodriguez 510 SW 11 ave apt #3 Miami, FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, NANCY N 1162 SW 1 ST MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900076163879 06/14/06--01005--021 **\$8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2C 6/8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 607, 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: Daisy Martinez (Signature)		05/29/06 (305) 547-1576 Date Daytime Phone #	