


2005 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N03000000939 1. Entity Name ENFOQUE FAMILIAR CRISTIANO, INC.	
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FILED

05 SEP 22 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8811 FOUNTAINBLEAU BLVD # 308 MIAMI, FL 33172	Mailing Address 8811 FOUNTAINBLEAU BLVD # 308 MIAMI, FL 33172
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2. Principal Place of Business 14022 SW 91 Ter. Suite, Apt. #, etc.	3. Mailing Address 14022 SW 91 Ter. Suite, Apt. #, etc.
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09192005 REIN-NP CR2E099 (6/04)

City & State Miami FL	City & State Miami FL	4. FEI Number 56-2314433	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country USA	Zip 33186	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUERRA, ROSA 9054 SW 147 COURT MIAMI, FL 33196	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Rosa Guerra* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD GUERRA, ROSA <input type="checkbox"/> Delete
NAME	9054 SW 147 COURT
STREET ADDRESS	MIAMI, FL 33196
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete
NAME	GUERRA, BLANCA
STREET ADDRESS	9054 SW 147 COURT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VD <input type="checkbox"/> Delete
NAME	DIAZ, JOSE
STREET ADDRESS	9054 SW 147 COURT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	TD <input type="checkbox"/> Delete
NAME	ACOSTA, CLAUDIA
STREET ADDRESS	9054 SW 147 COURT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300059871093
STREET ADDRESS	09/22/05--01042--001 **122.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Rosa Guerra* 09/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #