2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 23, 2013
Secretary of State
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Entity Name: CENTRO CRISTIANO FRUTO DE LA VID, CENTRO DE RESTAURACION FAMILIAR POINCIANA, INC.

Current Principal Place of Business:

1003 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

Current Mailing Address:

P. O. BOX 580208
KISSIMMEE, FL 34758

FEI Number: 20-5814816

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOZADA MEDINA, PEDRO I
604 BROCKTON DRIVE
KISSIMMEE, FL 34758 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

Officer/Director Detail :

Title	PD	Title	VD
Name	LOZADA MEDINA, PEDRO I	Name	DIAZ DELGADO, MARIA V
Address	P. O. BOX 580208	Address	P. O. BOX 580208
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758
Title	SD	Title	TD
Name	FONTANEZ, NYDIA M	Name	LABOY, EMELY
Address	P. O. BOX 580208	Address	P. O. BOX 580208
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO I LOZADA MEDINA PD 03/23/2013

Electronic Signature of Signing Officer/Director Detail — Date