

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012105

**Entity Name:** JESUCRISTO ES LA ROCA, INC.

**Current Principal Place of Business:**

904 EASTWOOD DR.  
BRANDON, FL 33511

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC0939662813**

**Current Mailing Address:**

904 EASTWOOD DR.  
BRANDON, FL 33511 US

**FEI Number: 81-0802855**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MALAVE, FERMIN  
904 EASTWOOD DR.  
BRANDON, FL 33511 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 P  
Name MALAVE, FERMIN  
Address 904 EASTWOOD DR.  
City-State-Zip: BRANDON FL 33511

Title S  
Name MALAVE, XAVIER  
Address 711 ISELTON DR.  
City-State-Zip: BRANDON FL 33511

Title V  
Name MALAVE, EMILY  
Address 904 EASTWOOD DR.  
City-State-Zip: BRANDON FL 33511

Title D  
Name MALAVE, MARIA  
Address 711 ISELTON DR.  
City-State-Zip: BRANDON FL 33511

Title T  
Name NUNEZ, FRANCESCA  
Address 2031 SHADOW PINE DR  
City-State-Zip: BRANDON FL 33511

Title D  
Name CRESPO, XIOMARA  
Address 904 EASTWOOD DR.  
City-State-Zip: BRANDON FL 33511

*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: MALAVE, FERMIN**

**P**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date