
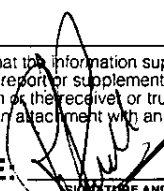


**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended*

05 APR 19 PM 2:58

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT-# N02000000203					
1. Entity Name ADONAI CHRISTIAN CENTER, INC.					
Principal Place of Business 12245 SW 151 ST #208 MIAMI, FL 33186		Mailing Address 12245 SW 151 ST #208 MIAMI, FL 33186			
<i>6280 NW 186 ST</i>		<i>6280 NW 186 ST</i>			
2. Principal Place of Business <i>APT. 215</i>		3. Mailing Address <i>APT 215</i>			
Suite, Apt. #, etc. <i>HIACLEAH</i>		Suite, Apt. #, etc. <i>HIACLEAH</i>			
City & State <i>FL</i>		City & State <i>FL</i>			
Zip <i>33015</i>	Country <i>USA</i>	Zip <i>33015</i>	Country <i>USA</i>	4. FEI Number 01-0601644	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PONCF, RICARDO 12245 SW 151 ST #208 MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR Is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALMONTE, MANUEL F	NAME			
STREET ADDRESS	74 SILVWE ST	STREET ADDRESS			
CITY-ST-ZIP	ELMONT, NY 11003	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PONCE, RICARDO	NAME			
STREET ADDRESS	12245 SW 151 ST #208	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUNOZ, LUCIANO	NAME			
STREET ADDRESS	9907 NORTHERN BLVD	STREET ADDRESS			
CITY-ST-ZIP	QUEENS, NY 11368	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			Date: <i>04/11/05</i>		Daytime Phone #: <i>305.556.7436</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



11032004 Chg-NP CR2E037 (10/03)

4. FEI Number 01-0601644 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Amended AR Is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Delete  
NAME ALMONTE, MANUEL F  
STREET ADDRESS 74 SILVWE ST  
CITY-ST-ZIP ELMONT, NY 11003

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME PONCE, RICARDO  
STREET ADDRESS 12245 SW 151 ST #208  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME MUNOZ, LUCIANO  
STREET ADDRESS 9907 NORTHERN BLVD  
CITY-ST-ZIP QUEENS, NY 11368

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/06/05--01064--012 \*\*\*61.25

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Delete  
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CITY-ST-ZIP

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SIGNATURE:  Date: *04/11/05* Daytime Phone #: *305.556.7436*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR