


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90163 001 ****61.25
 04-14-2006 90163 002 ****8.75

DOCUMENT # N02000007807

1. Entity Name
 IGLESIA DE DIOS CAMINO AL CIELO IN MIAMI, INC.



Principal Place of Business
 10711 SW 216TH ST.
 MIAMI, FL 33179

Mailing Address
 10739 S.W. 225TH TERR
 MIAMI, FL 33170

66012133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092006 Chg-NP CR2E037 (11/05)

4. Filing Number
 72-1537842

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Name
 ANGLERO, OSVALDO

Street Address (P.O. Box Number is Not Acceptable)
 10739 S.W. 225 TERRANCE
 MIAMI, FL 33170

City
 MIAMI

FL Zip Code

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and fee if applicable. DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANGLERO, OSVALDO 10739 S.W. 225 TERRACE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGLERO, HILDA R 10739 S.W. 225 TERRACE MIAMI, FL 33170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, BLANCA M 9762 SW 222ND ST. MIAMI, FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTIZ, ZAIDA E 10030 S.W. 224TH ST. #205 MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTI	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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 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: Osvaldo Anglero 4/25/06-305-992-8856

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