


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED N03000000678
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAY 24 AM 8:05

DOCUMENT # N03000000678

1. Entity Name
IGLESIA UNIDA METODISTA PENTECOSTAL, INC.



Principal Place of Business
 1778 N BAYSHORE DR STE 303
 MIAMI, FL 33132

Mailing Address
 1778 N BAYSHORE DR STE 303
 MIAMI, FL 33132

2. Principal Place of Business
1799 NE 4TH AVE
 Suite, Apt. #, etc.
12

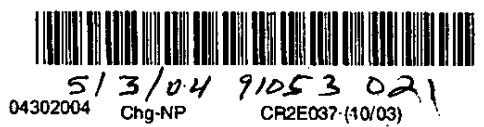
3. Mailing Address
111 NE 2 AVE
 Suite, Apt. #, etc.
1507

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33132

Country
EEUU



4. FEI Number
13-4234838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
GERARDO M. ESCANILLA

Street Address (P.O. Box Number is Not Acceptable)
111 NE 2 AVE APTD 1507

City
MIAMI

State
FL

Zip Code
33132

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25
Due by May 1, 2004

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ESCANILLA, GERARDO M 1778 N BAYSHORE DR STE 303 MIAMI, FL 33132 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAN MARTIN PULGAR, CARLOS S 1778 N BAYSHORE DR STE 303 MIAMI, FL 33132 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARRIGA RAMIREZ, JORGE E 1778 N BAYSHORE DR STE 303 MIAMI, FL 33132 <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"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.D. JORDUGRA, MARIA R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 NE 2 AVE. APT. 1507 MIAMI, FL 33132 |
| 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 |
| 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 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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5124 AD