

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90231 015 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  |                                                                                                                                                                                        |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # N06000006365</b><br>1. Entity Name<br><b>FAITH FAMILY CHAPEL INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                  |                                                                                                                                                                                        |                                                                   |  |
| Principal Place of Business<br><b>13351 NW 1ST AVE<br/>MIAMI, FL 33168</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                  | Mailing Address<br><b>13351 NW 1ST AVE<br/>MIAMI, FL 33168</b>                                                                                                                         |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                                                                                                                                        |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | City & State                                                                     |                                                                                                                                                                                        |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                      | Zip                                                                              | Country                                                                                                                                                                                |                                                                   |  |
| 4. FEI Number<br><b>20-5061145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                                  |                                                                                                                                                                                        | Applied For<br>Not Applicable                                     |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                  |                                                                                                                                                                                        | <b>\$8.75 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANTANA, JUAN<br/>13351 NW 1ST AVE<br/>MIAMI, FL 33168</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                  |                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                        | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                  |                                                                                                                                                                                        |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                  |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>SANTANA, JUAN<br>13351 NW 1ST AVE<br>MIAMI, FL 33168 <input type="checkbox"/> Delete                   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VSD<br>SANTANA, BARBARA<br>13351 NW 1ST AVE<br>MIAMI, FL 33168 <input type="checkbox"/> Delete               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>MATOS, ANNETTE<br>2240 SERVICE RD<br>OPA LOCKS, FL 33054 <input type="checkbox"/> Delete               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PERIQUITO, CARLOS<br>177 NW 105 ST<br>MIAMI SHORES, FL 33150 <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                              |                                                                                  |                                                                                                                                                                                        |                                                                   |  |
| <b>SIGNATURE:</b> <i>Barbara Santana</i> <b>BARBARA SANTANA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  | <b>4/24/07 305-878-3750</b>                                                                                                                                                            |                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                  |                                                                                                                                                                                        |                                                                   |  |