


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N36777

1. Entity Name
 IGLESIA CRISTIANA AMOR, INC.



Principal Place of Business
 10855 SW 26 ST
 MIAMI, FL 33165 US

Mailing Address
 10855 SW 26 ST
 MIAMI, FL 33165 US

DO NOT WRITE IN THIS SPACE



07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0176037

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, PEDRO A
 1241 SW 143 AVENUE
 MIAMI, FL 33184

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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 re-registering)

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, PEDRO A 1241 SW 143RD AVE. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALAM, MARIA H 4238 SW 153 CT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAFFE, ALBERTO 11027 SW 88 ST #0-203 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATO, JOSE M 15428 SW 62 STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/26/04-80014-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 register 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 empowerers.

SIGNATURE: Pedro A. Martinez 07/21/04 (305) 220-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #