


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N36777
 1. Entity Name
IGLESIA CRISTIANA AMOR, INC.



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

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0176037 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 May 1, 2005

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	

U00000319035
 04/20/05-80082-003 61.25

U00000319035
 04/20/05-80082-004 8.75

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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)(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: *Pedro A. Martinez* **4/15/2005** **305-220-3467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #