

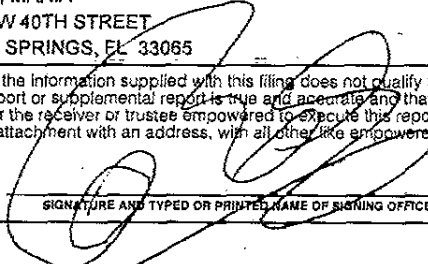


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004655					
1. Entity Name LOVE AND MIRACLES OF JESUS CHRIST CORPORATION					
Principal Place of Business 11351 NW 40 PLACE SUNRISE, FL 33323 US		Mailing Address 11351 NW 40 PLACE SUNRISE, FL 33323 US			
2. Principal Place of Business		3. Mailing Address		 03052004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0695754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAULI, OSCAR A 7503 KIMBERLY BLVD. APT #110 NORTH LAUDERDALE, FL 33068				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULI, OSCAR A			NAME	
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEL, NELIDA B			NAME	U00000098610
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	03/29/04 - 80047 018 61.75
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULI, GRISELDA E			NAME	
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS D			NAME	
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOT, MARIA M			NAME	
STREET ADDRESS	8040 COLONY CIR. BLDG. 2 APT. 305			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEL, MARIA			NAME	
STREET ADDRESS	8430 NW 40TH STREET			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP	
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: 03-23-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	