


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90022 037 \*\*\*\*70.00

**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

40099114



2. Principal Place of Business Suite, Apt. #, etc. **↑ Same**

3. Mailing Address Suite, Apt. #, etc. **↑ Same**

06232006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
 65-0695754

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. 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	Pauli Oscar A.
		Street Address (P.O. Box Number is Not Acceptable)	11351 NW 40 PL
		City	Sunrise FL, 33323
		State	FL
		Zip Code	33323

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 reinstating)

**Filing Fee is \$61.25 Due by September 6, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAULI, OSCAR A			NAME	Pauli Oscar		
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	11351 NW 40 PL		
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL, 33323		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEGEL, NELIDA B			NAME	HEGEL, NELIDA		
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	11351 NW 40 PL		
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAULI, GRISELDA E			NAME	Pauli, Griselda		
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	11351 NW 40 PL		
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE FL, 33323		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS D			NAME	HERNANDEZ, Luis D.		
STREET ADDRESS	11351 NW 40 PLACE			STREET ADDRESS	11351 NW 40 PL		
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL, 33323		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACOT, MARIA M			NAME	Lacot, Marie		
STREET ADDRESS	8040 COLONY CIR. BLDG. 2 APT. 305			STREET ADDRESS	8040 Colony Circ. Bldg 2 #305		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	Tamarac, FL 33321		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEGEL, MARIA			NAME	Virgilio Acevedo		
STREET ADDRESS	8430 NW 40TH STREET			STREET ADDRESS	1137B NW 110AV.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP	Coral Springs, FL 33065		

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.

**SIGNATURE:** Pauli Oscar Pauli **07/10/06** **(954) 749-0950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #