

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 025 ****61.25

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1. Entity Name

IGLESIA PENTECOSTAL ESTRELLA DE JACOB INC.



Principal Place of Business

10609 NW 7TH AVE.
MIAMI FL 33150-1007
US

Mailing Address

1899 NW 93RD TERRACE
MIAMI FL 33147-3149
US

10843 N.W. 27 AVE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33167

MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARADO, JUAN R.
1899 N.W. 93RD TERRACE
MIAMI FL 34479

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE PD ☐ Delete
NAME ALVARADO, JUAN R.
STREET ADDRESS 1899 N.W. 93RD TERRACE
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ Delete
NAME ALVARADO, CONCEPCION
STREET ADDRESS 1899 N.W. 93RD TERR
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME OQUENDO, MONICA
STREET ADDRESS 2270 N.W. 93RD TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME CABRERA, PASCUALA
STREET ADDRESS 9145 N.W. 35TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME FIGUEROA, JOSE L
STREET ADDRESS 4220 S. 66TH STREET
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Juan Alvarado

2-18-06