

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90234 001 ****61.25
05-04-2005 90234 002 *****8.75
05-04-2005 90234 003 *****5.00



DOCUMENT # 704312
1. Entity Name
IGLESIA BAUTISTA SARON, INC.

Principal Place of Business Mailing Address
900 N.W. 30TH STREET **900 N.W. 30TH STREET**
MIAMI FL 33127 **MIAMI FL 33127**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-7080304 Not Applicable

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

8. Name and Address of Current Registered Agent
RIVERA, MAURA
810 NE 147 STREET
MIAMI FL 33161

7. Name and Address of New Registered Agent
Name **Antonio Rodriguez-Garcia**
Street Address (P.O. Box Number is Not Acceptable)
8160 SW 210th Street #413
City **Miami** FL Zip Code **33189**

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 **Antonio Rodriguez-Garcia** 04-26-05
Signature must be printed name of registered agent and take it applicable. (NOTE: Registered Agent signature required when revalidating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD RIVERA, MAURO 810 N.E. 147TH STREET NORTH MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHAVEZ, REGINO 2950 NE 190 ST APT 216 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WILLIAMS, ANTONIO 1157 NW 27 ST MIAMI FL 33127 same <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RIVERA, AMERICA 810 N.E. 147TH STREET NORTH MIAMI FL same <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S RODRIGUEZ, JULIA A. 8160 SW 210 ST #413 MIAMI FL 33189 same <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.O. BOX 013502 Miami FL 33101 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Antonio Rodriguez-Garcia P/M 8160 SW 210 Street #413 Miami FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2º SINDICO Mauro Rivera 810 NE 147th Street North Miami FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Antonio Rodriguez G.** 04-26-05 786-573-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #