

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 004 ****70.00



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number **65-7080304** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
REGINO, CHAVEZ
900 N.W. 30TH STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input type="checkbox"/> Delete
NAME	CHAVEZ, REGINO	
STREET ADDRESS	2950 NE 190 ST #216	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIVERA, MAURO	
STREET ADDRESS	810 NE 147TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ANTONIO	
STREET ADDRESS	1157 NW 27 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, AMERICA	
STREET ADDRESS	810 N.E. 147TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN B. PEREZ	
STREET ADDRESS	2194 WEST 60 ST	
CITY-ST-ZIP	APT # 22105 HIALEAH, FL, 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MAURO RIVERA **MAURO RIVERA** **FEB 16, 2007 305-947-8909**