


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 709496</b>					
1. Entity Name <b>PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO PENTECOSTAL ESMIRNA, INC.)</b>					
Principal Place of Business <b>1500 N.W. 35TH ST MIAMI FL 33142 US</b>		Mailing Address <b>1500 N.W. 35TH ST MIAMI FL 33142 US</b>			
2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEDRO, GARCIA JR 1231 NW 29 TERR MIAMI FL 33127</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code <b>FL</b>		
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 <i>Pedro Garcia Jr</i>		Signature, typed or printed name of registered agent and title if applicable		DATE <b>1/28/04</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>COREA, MANUEL</b>		STREET ADDRESS	<b>000000086879</b>	
CITY-ST-ZIP	<b>P.O. BOX 1694 MIAMI FL</b>		CITY-ST-ZIP	<b>03/12/04-80040-017 61.25</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>PD GARCIA, PEDRO JR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1231 NW 29 TERR MIAMI FL</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>T GUZMAN, JULIO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>7541 JUNIPER ST MIRAMAR FL 33023</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>S ARROYO, EDWIN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>462 NW 111 TERRACE MIAMI SHORE FL 33161</b>		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>C GAREIO, ABRAHAM</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>6980 SW 29 ST MIRAMAR FL 33023</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>C BURGOS, CANDIDO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1500 NW 35 ST MIAMI FL 33142</b>		CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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:** PEDRO GARCIA JR *Pedro Garcia Jr* 1/28/04 (305) 635-7922