
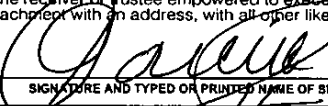


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 002 ****70.00

DOCUMENT # 713885					
1. Entity Name IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA CRUZ DE CRISTO, INC.					
Principal Place of Business 641 W FLAGLER ST MIAMI, FL 33130		Mailing Address 641 W FLAGLER ST MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINGFIELD, MAGDIEL 655 SW 1ST STREET MIAMI, FL 33130			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, CECILIO		NAME		
STREET ADDRESS	655 S.W. 1 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33120		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONDEJAR, JOEL		NAME		
STREET ADDRESS	655 SW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	2VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRANDA, ANTONIO		NAME		
STREET ADDRESS	655 S.W. 1 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUEZADA, EVELYN		NAME		
STREET ADDRESS	628 NW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MIGUEL		NAME	VT Omar Mendiando	
STREET ADDRESS	628 NW 1ST STREET		STREET ADDRESS	6415 NW 201 St.	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOVOA, VERONIKA		NAME		
STREET ADDRESS	655 S.W. 1 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
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 attached report with an address, with all other like empowered.					
SIGNATURE: 			1106106 (305)325-9653		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		