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

DOCUMENT # 725394 1. Entity Name				Mar 02, 2005 08:00 AM Secretary of State		
IGLESIA I	BETANIA ASAMBLEAS DE I	DIOS DE MIAMI			or coury or some	
Principal Plac	e of Business	Mailing Address		-		
10300 N.W. MIAMI FL 3		P.O. BOX 126217 HIALEAH FL 33012 US		A (MAII) 1889 HANG	allas kkis vsik ays: etsti stati etsti etsti alali	######################################
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOOF	1st MOORE CR2E037 (10/04)	
City & State		City & State		4. FEI Number 65-0	65-0371845 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	Desired 🗍 \$8.75 A	
	6. Name and Address of Current	Registered Agent	7	7. Name and Addres	s of New Registered Agent	
DAMOS SEBOIO			Name			
RAMOS, SERGIO 10300 NW 36 PLACE MIAMI FL 33147		Street Address		s (P.O. Box Number is Not	Acceptable)	
			City		FL Zip Co	ode
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered office or regis	tered agent, or both, in the	State of Florida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signatura requi	red when reinstating)	DATE	<u> = =</u>
·	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Payabl Florida Department of	
10.	OFFICERS AND DI	PECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	IN 10
TITLE	PD RAMOS, SERGIO A	☐ Delete	TITLE NAME		☐ Change	e 🔲 Addition
NAME STREET-ADDRESS CITY-ST-ZIP	10321 NW 36 PL MIAMI FL 33147		STREET ADDRESS CITY-ST-7IP			
TITLE	SD	☐ Delete	TOTALE		☐ Change	Addition
NAME STREET ADDRESS	CASTILLO, CESAR 6485 W 24 AVE APT # 504		NAME			
			STREEL ADDRESS 1	1 1	25046000	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		STREET ADDRESS CITY-SI-ZIP	U) 03/0:	00000249373 2/05-80068-019 61.	25
THE	TD	☐ Delete	CITY-ST-ZIP TITLE	03/0; 03/0;	00000249373 2/05-80068-019 61. □ Changi	
TITLE NAME		☐ Delete	CHY-SI-ZIP	03/0; 03/0;	2/05-80068-019 61.	
THE	TD ROSARIO, PEDRO	☐ Defete	CHY-SI-ZIP HTLE NAME	U) 03/0;	2/05-80068-019 61.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D	☐ Delete	CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE	U) :0'.60	2/05-80068-019 61.	e Addition
TITLE NAME STREET ADDRESS GUY-ST-ZIP	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	U) 03/0;	2/05-80068-019 61. □ Change	e Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179		CITY-ST-ZIP NTLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME	t)i 03/0;	2/05-80068-019 61. □ Change	e Addition
THE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP THE	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST		CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE	U3/0;	2/05-80068-019 61. □ Change	e Addition
THE NAME STREET ADDRESS GITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO 1555 NE 180TH ST	Delete	CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP	() 03/0;	2/05-80068-019 61.	e Addition
THE NAME STREET ADDRESS GITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO	Delete	CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME	03/0;	2/05-80068-019 61.	e Addition e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO 1555 NE 180TH ST	Delete	CITY-SI-ZIP HTLE NAME SIRFEI ADDRESS CITY-SI-ZIP HILE NAME SIRFEI ADDRESS CHY-SI-ZIP HILE NAME SIREEL ADDRESS CHY-SI-ZIP HILE NAME SIREEL ADDRESS CHY-SI-ZIP	() 03/0;	2/05-80068-019 61.	e Addition e Addition
NAME STREET ADDRESS GITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO 1555 NE 180TH ST	□ Delete □ Delete	CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP	(J) (3',20)	2/05-80068-019 61.	e Addition e Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby incloated of the col	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO 1555 NE 180TH ST NORTH MIAMI BEACH FL 33162 certify that the information supplied with on this report or suppliemental report is poration or the receiver or trus the emporation or the r	Delete Delete Delete Delete	CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	03/0	2/05-80068-019 61.	e Addition e Addition Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby incloated of the col	TD ROSARIO, PEDRO 16850 S GLADES DR APT # 53 NORTH MIAMI BEACH FL 33162 D CRUZ, CLOTILDE 1250 NE 206 ST NORTH MIAMI FL 33179 D CASTILLO, ANTONIO 1555 NE 180TH ST NORTH MIAMI BEACH FL 33162 certify that the information supplied with on this report or supplemental report is poration or the receiver or trus fee emplor or on an attachment with an address,	Delete Delete Delete Delete	CITY-SI-ZIP IITLE NAME SIRFET ADDRESS CITY-SI-ZIP IITLE NAME SIRFET ADDRESS CITY-SI-ZIP IITLE NAME SIREEL ADDRESS CITY-SI-ZIP IITLE NAME SIRFET ADDRESS CITY-SI-ZIP IITLE NAME SIRFET ADDRESS CITY-SI-ZIP IITLE NAME SIRFET ADDRESS CITY-SI-ZIP THE ADDRESS CITY-SI-ZIP	03/0	2/05-80068-019 61.	Addition Addition Addition Addition Addition a information aer or director or Block 11 if

FILED