


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90001 044 \*\*\*\*61.25

<b>DOCUMENT # 742058</b> 1. Entity Name EL SALVADOR EAST HIALEAH BAPTIST CHURCH, INC.						
Principal Place of Business 3805 W. 8TH AVE. HIALEAH, FL 33012			Mailing Address 3805 W. 8TH AVE. HIALEAH, FL 33012			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2342907		
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  GARCIA, REINALDO 4283 WEST 6TH CT HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 re-registering)						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	CD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, JOSE M			NAME		
STREET ADDRESS	7451 W 30 LN			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33018			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, REINALDO			NAME		
STREET ADDRESS	4283 W 6TH CT.			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL			CITY-ST-ZIP		
TITLE	VCD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, JOSE M			NAME		
STREET ADDRESS	7451 WEST 30 LANE			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33018			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, MARITZA			NAME		
STREET ADDRESS	7451 W. 30 LN.			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL			CITY-ST-ZIP		
TITLE	VCD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARROSO, MARIO			NAME		
STREET ADDRESS	5870 SW 19 STREET			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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 attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <i>Maritza Romero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/03/2006 (305) 557-1723 <small>Date Daytime Phone #</small>		