

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745166
 1. Entity Name
IGLESIA CANAAN DEFENSORES DE LA FE, INC.



04 MAR 10 AM 10:48
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2601 Westfall Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 450668
 Suite, Apt. #, etc.

City & State
Orlando, FL.

City & State
Kissimmee, FL.

Zip
32817

Country
Orange

Zip
34745

Country
Osceola

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Hector Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)
833 Woodfield Court

City **Kissimmee** FL Zip Code **34744**

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 *Hector Rodriguez* DATE 3/4/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Hector Rodriguez 833 Woodfield Court Kissimmee, FL. 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Noemi Del Valle 833 Woodfield Court Kissimmee, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900030235139 03/10/04--D1052--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rita M. Garcia 204 Old Bay Lane Kissimmee, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Hector Rodriguez* DATE 3/4/2004 DAYTIME PHONE # 407-344-2732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)