


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

FILED
Jan 31, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 765791 1. Entity Name LA PUNTA SPANISH CONGREGATION OF JEHOVA'S WITNESSES OF MIAMI FLORIDA INC. |  |
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| | |
|---|---|
| Principal Place of Business C/O LINO L QUINTANANA 601 SW 7 ST. MIAMI FL 33130 | Mailing Address C/O LINO L QUINTANANA 601 SW 7 ST. MIAMI FL 33130 |
|---|---|



1st MOORE CR2E037 (10/04)

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|--|--|
| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. |
|--|--|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2386314 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent QUINTANA, LINO L 2537 SW 13TH STREET MIAMI FL 33145 | 7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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|---|------------------------------------|
| 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 | |
|----------------------------|-------------------------------------|
| TITLE | VPD <input type="checkbox"/> Delete |
| NAME | DELGADO, MIGUEL |
| STREET ADDRESS | 920 SW 7TH AVE |
| CITY - ST - ZIP | MIAMI FL 33130 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | QUINTANA, LINO L. |
| STREET ADDRESS | 2537 SW 13 ST |
| CITY - ST - ZIP | MIAMI FL 33145 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | QUINTANA, GUILLERMO |
| STREET ADDRESS | 2357 SW 13 ST |
| CITY - ST - ZIP | MIAMI FL 33145 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | COLINDRES, MELVIN |
| STREET ADDRESS | 100 SW 31 AVE |
| CITY - ST - ZIP | MIAMI FL 33135 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Guillermo Quintana Guillermo Quintana 1-28-05 305-541-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #