


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2386314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VPD	
NAME	DELGADO, MIGUEL	<input type="checkbox"/>
STREET ADDRESS	920 SW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	PD	<input type="checkbox"/>
NAME	QUINTANA, LINO L.	<input type="checkbox"/>
STREET ADDRESS	2537 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/>
NAME	QUINTANA, GUILLERMO	<input type="checkbox"/>
STREET ADDRESS	2357 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/>
NAME	COLINDRES, MELVIN	<input type="checkbox"/>
STREET ADDRESS	100 SW 31 AVE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Guillermo Quintana* **Guillermo QUINTANA** 2-2-07 305-541-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #