


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90032 050 \*\*\*\*61.25

<b>DOCUMENT # 768551</b>	
<b>1. Entity Name</b> IGLESIA BAUTISTA JESUCRISTO REY DE REYES, INC <i>1331 Nort Palm ave</i>	

<b>Principal Place of Business</b> 18351 NW 68 AVE MIAMI LAKES FL 33015 US <i>1331 Nort Palm ave.</i>	<b>Mailing Address</b> 19308 NW 46TH AVE CAROL CITY FL 33055 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> <i>Pembroke Pine FLA</i>	<b>City &amp; State</b>
<b>Zip</b> <i>33026</i>	<b>Country</b> <i>BROWARD</i>

**94030601**

**MOORE CR2E037 (11/03)**

<b>4. FEI Number</b> 59-2321556	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PEREZ, JUAN A 19308 N.W. 46 AVE. CAROL CITY FL 33055	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> PEREZ, JUAN A	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 19308 N.W. 46 AVE.	<b>CITY-ST-ZIP</b> CAROL CITY FL 33055		
<b>TITLE</b> VD	<b>NAME</b> BARCOS, JUAN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6700 W. 24 CT. #16-12	<b>CITY-ST-ZIP</b> HIALEAH FL 33016		
<b>TITLE</b> SD	<b>NAME</b> PEREZ, LIDIA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 19308 NW 46 AVE	<b>CITY-ST-ZIP</b> OPA LOCKA FL 33055		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**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 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>Juan A Perez</i>	<b>TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> JUAN A Perez	<b>Date</b> 3-12-04	<b>Daytime Phone #</b> (305) 621-8677
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