
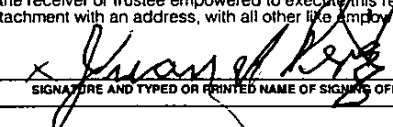


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90081 044 ****70.00

DOCUMENT # 768551 1. Entity Name IGLESIA BAUTISTA JESUCRISTO REY DE REYES, INC					
Principal Place of Business 1331 NORTH PALM AVE PEMBROKE PINES, FL 33026 US			Mailing Address 19308 NW 46TH AVE CAROL CITY, FL 33055 US		
2. Principal Place of Business 7130 Pembroke Rd.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIRAMAR FL.		City & State		4. FEI Number 59-2321556	
Zip 33023		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JUAN A 19308 N.W. 46 AVE. CAROL CITY, FL 33055				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$81.25 Due by May 1, 2005		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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD	PEREZ, JUAN A	19308 N.W. 46 AVE.		
			CAROL CITY, FL 33055		
	VD	BARCOS, JUAN	6700 W. 24 CT. #16-12		
			HIALEAH, FL 33016		
	SD	PEREZ, LIDIA	19308 NW 46 AVE		
			OPA LOCKA, FL 33055		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date 1-21-05	
				Daytime Phone #	