


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

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000000048</b> 1. Entity Name <b>TEMPLO CRISTIANO "LA ESTRELLA RESPLANDECIENTE DE LA MANANA" INC.</b>	
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Principal Place of Business <b>3145 ROYALSTON AVENUE FORT MYERS FL 33905</b>	Mailing Address <b>3705 S.W. 19TH PLACE CAPE CORAL FL 33914-5551</b>
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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 <b>65-0970809</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>BENITEZ, VALENTIN 3705 SW 19TH PL CAPE CORAL FL 33914-5551</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	BENITEZ, VALENTIN	
STREET ADDRESS	3705 SW 19TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914-5551	
TITLE	TD	
NAME	BENITEZ, ESTHER	
STREET ADDRESS	3705 SW 19TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914-5551	
TITLE	SD	
NAME	LOPEZ, ANA L	
STREET ADDRESS	1725 SW 18TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	
NAME	LOPEZ, LUIS ARMANDO	
STREET ADDRESS	1725 SOUTHWEST 18TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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:**       2-27-07