


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

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90307 001 ****61.25
 05-09-2005 90307 002 *****5.00

DOCUMENT # N00000000560
 1. Entity Name
CELLS OF INSTRUCTION AND DIFFUSION OF THE IDEAL SPIRITIST, INC.



Principal Place of Business Mailing Address
5600 S.W. 135TH AVENUE, STE 214-F MIAMI-FL 33183 **5600 S.W. 135TH AVENUE, STE 214-F MIAMI-FL 33183**

2. Principal Place of Business 3. Mailing Address
25250 SW 137A ave ← →
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Building 5 Apto 103
 City & State City & State
Homestead FL
 Zip Country Zip Country
33032 MIAMI



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
PENA, ANA ELENA
13772 S.W. 149TH CIRCLE LANE
MIAMI FL 33186
 7. Name and Address of New Registered Agent
 Name **PENA ANA ELENA**
 Street Address (P.O. Box Number is Not Acceptable) **25250 SW 137 ave Building 5 Apto #103**
 City **Homestead** FL Zip Code **33032**

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 *Ana Elena Pena* (NOTE: Registered Agent signature required when reinstating) DATE **May 1/05**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, ANA ELENA 13772 S.W. 149TH CIRCLE LANE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ANA LAURA 12475 S.W. 125 ST MIAMI FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LICITRA, BELKYS 10819 SW 147 PL MIAMI FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANA CHEN TSUN 27854 SW 132 PEACE MIAMI FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ-RUIZ, NIRVANA 10404 S.W. 115TH CT MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MACEDO, MARCIO 14511 SW 147 PL MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Ana Elena Pena* DATE: **May 1/05** 305) 257-0245
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #