


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 026 ****70.00

DOCUMENT # N0000000560

1. Entity Name
**CELULA DE INSTRUCCION Y DIFUSION DEL
IDEAL ESPIRITA, INC.**



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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
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 _____

FILE NOW FEE IS \$61.25 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PENA, ANA ELENA	13772 S.W. 149TH CIRCLE LANE	MIAMI, FL 33186	<input type="checkbox"/>
VSD	NOVA VELEZ, ARMANDO	10366 S.W. 38TH TERRACE	MIAMI, FL 33166	<input checked="" type="checkbox"/>
S	DIAZ, NIRVANA	10404 S.W. 116TH CT.	MIAMI, FL 33176	<input checked="" type="checkbox"/>
T	MOCEDO, MARCIO	14511 S.W. 146TH PLACE	MIAMI, FL 33186	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VICE PRESIDENT - V	NELSON L. ORTEGA	16490 SW 84 PLACE	MIAMI FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY - S	BELKYS LICITRA	10819 SW 147 PL	MIAMI FL 33196	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER - T	CELIA MACEDO	14511 SW 146 PLACE	MIAMI FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE TREASURER - D	MARCIO MACEDO	14511 SW 147 PL	MIAMI FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 5/5/03 (305) 253-5894

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

CFR2E037 (10/02)