


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005799	
1. Entity Name EGLISE FRATERNITE CHRETIENNE INC.	

Principal Place of Business 20 NE 49TH ST MIAMI, FL 33137	Mailing Address 20 NE 49TH ST MIAMI, FL 33137
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04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1118436	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DENAVAR, LAISNER
20 NE 49TH ST
MIAMI, FL 33137

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

000000133383
04/27/04-80084-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DENAVAR, LAISNER
STREET ADDRESS	20 NE 49TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DTR
NAME	CHRISTIAN, JEAN
STREET ADDRESS	820 NE 182ND STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	TR
NAME	AUGUSTIN, EVELYN
STREET ADDRESS	20910 NE 8TH COURT APP201
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Laisner Denavar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____