

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000717

FILED
Jan 23, 2005
Secretary of State

Entity Name: FAITH INTERNATIONAL FOR CHRIST, INC.

Current Principal Place of Business:

7900 SW 2455
MIAMI, FL 33155

New Principal Place of Business:

7900 SW 24 ST.
MIAMI, FL 33155

Current Mailing Address:

7900 SW 24 ST.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1080095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TABLADA, SAMUEL
8785 SW 52 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TABLADA, SAMUEL
Address: 8785 SW 5285
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: JOSE, MIRANDA R
Address: 15344 S.W. 63 TERR.
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: OFODILE, KAYCE
Address: 1479 GREEN BANK CIRCLE WEST
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: BM () Delete
Name: GUTIERREZ, ANGEL
Address: 14141 SW 82 ST.
City-St-Zip: MIAMI, FL 33183

Title: BM () Delete
Name: NOEL, BELIZANIO
Address: 15020 NW 2 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TABLADA, SAMUEL
Address: 8785 SW 52 ST.
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: MIRANDA, JOSE R
Address: 15344 S.W. 63 TERR.
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: NOEL, BELIZARIO
Address: 15020 NW 2 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL TABLADA

PD

01/23/2005

Electronic Signature of Signing Officer or Director

Date