

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002373

FILED  
May 04, 2005  
Secretary of State

**Entity Name:** INTERNACIONAL ECUMENICA SABIDURIA DE DIOS, INC.

**Current Principal Place of Business:**

15210 SW 109 AVE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15210 SW 109 AVE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-1092573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERMIDA, NOEMI  
15210 SW 109 AVE  
MIAMI, FL 33157 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: D ( ) Delete  
Name: HERMIDA, NOEMI A  
Address: 15210 SW 109 AV  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: HERMIDA, RUBY  
Address: 15210 SW 109 AVE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: CASTELO, HERNAN P  
Address: 15210 SW 109 AVE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: NOEMI HERMIDA

D

05/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date