


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N01000005260 1. Entity Name ADONAY JIREH, INC. |  |
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| Principal Place of Business 19568 NW 51 PL OPA LOCKA, FL 33055 | Mailing Address 19568 NW 51 PL OPA LOCKA, FL 33055 |
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02252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1090547 | Applied For <input type="checkbox"/> Not Applicable |
| 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 MARTINEZ, ESTEBAN R 19568 NW 51 PL OPA LOCKA, FL 33055 |
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IN THIS SPACE**

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 restate) DATE _____

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

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

UN0000134827
04/28/04-80032-023 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, ESTEBAN R 19568 NW 51 PL OPA LOCKA, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, MARIA C 19568 NW 51 PL OPA LOCKA, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOMEZ, EDEL A 19568 NW 51 PL OPA LOCKA, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: *Edith R. Martinez* 4-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #