


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90001 014 ****70.00

DOCUMENT # N01000006591	
1. Entity Name IGLESIA CRISTIAN LAS PISADAS DEL MAESTRO, INC.	

Principal Place of Business 3400 74TH AVE N. PINELLAS PARK, FL 33781	Mailing Address 3400 74TH AVE N. PINELLAS PARK, FL 33781
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04007337

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08092004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMOS, VICTOR M 7081 43RD ST N PINELLAS PARK, FL 33781		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: *Victor M. Ramos* DATE: 8-9-04

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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORERA, GILBERT			NAME			
STREET ADDRESS	5900 102 AVE N			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 33782			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COSME, ROBERTO			NAME	CABAN, Victor		
STREET ADDRESS	1411 L39TH N			STREET ADDRESS	4028 YARDLEY Ave		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703			CITY-ST-ZIP	St. Petersburg, FL 33782		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HIPOLITO, SANTIAGO			NAME	Angel Egipciaco		
STREET ADDRESS	5147 1ST AVE NORTH			STREET ADDRESS	10432 Lightner Bridge Dr.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP	Tampa, FL 33626		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Victor M. Ramos* DATE: 8-9-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR