## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # N01822 1. Entity Name COMUNIDAD DE ALIANZA LA NUEVA JERUSALEM, INC. Principal Place of Business Mailing Address 10040 SW 70 ST MIAMI FL 33173 PO BOX 164903 MIAMI FL 33116 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, WILLIAM F., JR. Street Address (P.O. Box Number is Not Acceptable) 10040 SW 70 ST **MIAMI FL 33173** Zip Code FL 8. The above named entry 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. William F. Brown SIGNATURE Signature printed name of registered again and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW! FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. $\nabla \overline{D}$ TITLE Addition HILL ☐ Delete Change DELGADILLO, NOEL NAME NAME 13052 SW 57TH TERR STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ITTLE ☐ Change □ Addition VARONA, OSCAR A U00000336080 04/27/05-80110-022 61.25 NAME 11105 SW 125TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, WILLIAM F., JR. NAME NAME STREET ADDRESS 10040 SW 70 ST STREET ADORESS MIAMI FL CITY-ST-ZIP CiTY-ST-ZIP. THLE Delete Change ☐ Addition TriLL ARGUELLO, NESTOR J NAME NAME 7803 SW 129TH PL STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete HILE TELLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 11**11**8 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the internation 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 of the corporation or the series every first or the series of the corporation or the series every first 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 series every first 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 attack in the with an address, with all other like empowered.

William F. Brown, Jr.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/19/05

Davtime Phone #

FILED