2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# N02000001568

Entity Name: IGLESIA FUENTE DE AGUA VIVA PEMBROOKS PINE FL, INC.

Current Principal Place of Business:

19620 PINES BLVD
206
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 820814
SOUTH FLORIDA, FL 33082 US

New Mailing Address:

FEI Number: 04-3663092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, EDWIN L MR.
4824 SW 195TH WAY
MIRAMAR, FL 33029 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:	FONT, RODOLFO	
Address:	POST OFFICE BOX 3986	
City-St-Zip:	CAROLINA, PR 00984	
Title:	VD	( ) Delete
Name:	ROSADO, LUIS E	
Address:	POST OFFICE BOX 607071 #286	
City-St-Zip:	BAYAMON, PR 00960	
Title:	SD	( ) Delete
Name:	FONT, RODOLFO O	
Address:	POST OFFICE BOX 770367	
City-St-Zip:	ORLANDO, FL 32877	
Title:	TD	( ) Delete
Name:	ORTIZ, EDWIN L	
Address:	4824 SW 195TH WAY	
City-St-Zip:	MIRAMAR, FL 33029 US	
Title:	D	( ) Delete
Name:	GOMEZ, ROBERTO	
Address:	POST OFFICE BOX 1528	
City-St-Zip:	VEGA BAJA, PR 006941528	
Title:	D	( ) Delete
Name:	ARROYO-PANTOJA, MARIA DEL C	
Address:	4824 SW 195TH WAY	
City-St-Zip:	MIRAMAR, FL 33029 US	

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:	
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 Chapter 119, 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: EDWIN L ORTIZ TD 02/10/2006

Electronic Signature of Signing Officer or Director — Date