
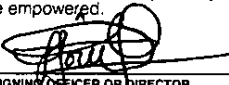


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90003 007 \*\*\*\*75.00

<b>DOCUMENT # N02000005979</b> 1. Entity Name <b>EGLISE EVANGELIQUE MITSPA, INC.</b>					
Principal Place of Business <b>12985 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161</b>			Mailing Address <b>12985 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOUIS, HAMELET</b> <b>12985 W. DIXIE HWY.</b> <b>N. MIAMI, FL 33161</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LOUIS, LUC</b>		NAME	<b>Petit-frère, Jean Robert</b>	
STREET ADDRESS	<b>12985 W. DIXIE HWY</b>		STREET ADDRESS	<b>15341 NE 10th Ave</b>	
CITY-ST-ZIP	<b>N. MIAMI, FL 33161</b>		CITY-ST-ZIP	<b>N.M. Beach, FL 33162</b>	
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>PIERRE-LOUIS, JEAN ANTOINE</b>		NAME	<b>LOLEAU, Gomez D.</b>	
STREET ADDRESS	<b>730 NW 135 ST</b>		STREET ADDRESS	<b>10750 North Preserve way Apt. 103</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>		CITY-ST-ZIP	<b>Miramar, FL 33025</b>	
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JEAN-LOUIS, JEAN ERNST</b>		NAME		
STREET ADDRESS	<b>1000 NW 126 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZAMOR, WALNES</b>		NAME		
STREET ADDRESS	<b>80 NW 184TH TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>		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.					
<b>SIGNATURE:</b> <u><i>Luc Louis</i></u> 			<b>05/29/05</b> <b>786.356.5998</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		