


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000006871</b> 1. Entity Name CONCILIO PENTECOSTAL SENDA ANTIGUA, INC.	
--	---

Principal Place of Business 903/906 OTTO VILLA PL #3 TAMPA, FL 33612	Mailing Address 903/906 OTTO VILLA PL #3 TAMPA, FL 33612
--	--



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 55-0801390	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BURGOS, OLGA 903 OTTO VILLA PL #15 TAMPA, FL 33612
---

**DO NOT WRITE  
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: Olga Burgos (NOTE: Registered Agent signature required when reinstating) Jan 5 2006 DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, OLGA 903/906 OTTO VILLA PL #3 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGOS, LEONIDES 1504 TILSEN DR TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGOS, DIXON 1504 TILSEN DR TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000383421  
01/12/06-80052-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Olga Burgos Olga Burgos Jan 5 2006 813-558-8918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #