

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008166

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOCIEDAD DE ESTUDIO E INVESTIGACION CIENTIFICA DE LOS FENOMENOS
ESPIRITUALES.JOSE DELUZ, INC. TEMPLO.SIMON

Current Principal Place of Business:

11035 SW 43 TERRACE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11035 SW 43 TERRACE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 51-0461686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUJOL, SILVIA
10110 SW 3 ST
MIAMI, FL 33174 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: P () Delete
Name: ARMENTEROS, JUANA R
Address: 11035 SW 43 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: DV () Delete
Name: OVIEDO, PEDRO R
Address: 11035 SW 43 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: PUJOL, SILVIA
Address: 10110 SW 3 ST
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: ARIAS, SANDRA P
Address: 8505 NW 3 LANE
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: UKENYA, ADELPHA
Address: 18154 SW 154ST
City-St-Zip: MIAMI, FL 33187

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:

I hereby certify that the information supplied with this filing does not qualify 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: SILVIA PUJOL

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date