


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90045 050 ****61.25

DOCUMENT # N03000000526

1. Entity Name
IGLESIA BAUTISTA PRINCIPE DE PAZ, INC.



Principal Place of Business
**13754 SW 147TH CIRCLE #3
MIAMI FL 33186**

Mailing Address
**13754 SW 147TH CIRCLE #3
MIAMI FL 33186**

2. Principal Place of Business
958 SW 82 AVE.
Suite, Apt. #, etc.

3. Mailing Address
13754 SW 147 CIRCLE#3
Suite, Apt. #, etc.
NO. 3

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33144

Country
MIAMI-DADE

Zip
33186

Country
MIAMI-DADE



MOORE CR2E037 (11/03)

4. FEI Number
54-2094076

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PULIDO, IVAN
13754 SW 147TH CIRCLE #3
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

City
FL 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 N/A

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULIDO, IVAN 13754 SW 147TH CIRCLE #3 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMAS, LAZARO 10805 NW 7TH ST. #21 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABINA, OSVALDO JR 10200 SW 19TH ST. MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTANO, SARA 14625 SW 47TH TERR MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, LIDIA 1301 W. 60TH TERRACE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, JOSE ANGEL 14625 SW 47TH TERRACE MIAMI FL 33134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE *Osvaldo Sabina* **OSVALDO SABINA-TREASURER MARCH 4, 2004 (305-805-3300)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #