


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001671	
1. Entity Name IGLESIA CRISTO CENTRO, INC.	

Principal Place of Business 8225 LAKE DRIVE, NO. C-403, FAIRWAY AT DORAL MIAMI, FL 33166	Mailing Address 8225 LAKE DRIVE, NO. C-403, FAIRWAY AT DORAL MIAMI, FL 33166
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02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2110461	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, REINALDO
8225 LAKE DRIVE, NO.
C-403, FAIRWAY AT DORAL
MIAMI, FL 33166

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME SOTO, REINALDO PASTOR
STREET ADDRESS 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR	CITY-ST-ZIP MIAMI, FL 33166
TITLE SD	NAME DARIO BARBERI, JULIO
STREET ADDRESS 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR	CITY-ST-ZIP MIAMI, FL 33166
TITLE TD	NAME SOTO, YANIRA L
STREET ADDRESS 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR	CITY-ST-ZIP MIAMI, FL 33166
TITLE SD	NAME DARIO PARISH, NORMAN
STREET ADDRESS GUATEMALA CITY	CITY-ST-ZIP GUATEMALA,
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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02/05/05-80056-011 61.25

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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.

SIGNATURE: Reinaldo Soto L. **2-3-05** **786-488 6783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #