## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001671

Entity Name: IGLESIA CRISTO CENTRO, INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8225 LAKE DRIVE, NO. 10795 NW 50 ST C-403, FAIRWAY AT DORAL APT. 207 MIAMI, FL 33166 MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

 8225 LAKE DRIVE, NO.
 10795 NW 50 ST

 C-403, FAIRWAY AT DORAL
 APT. 207

 MIAMI, FL 33166
 MIAMI, FL 33178

FEI Number: 54-2110461 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SOTO, REINALDO
 SOTO, REINALDO

 8225 LAKE DRIVE, NO.
 10795 NW 50 ST.

 C-403, FAIRWAY AT DORAL
 APT. # 207

 MIAMI, FL 33166 US
 MIAMI, FL 33178 US

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: 02/13/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOTO, REINALDO PASTOR

Address: 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR

City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete Name: DARIO BARBERI, JULIO

Address: 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR

City-St-Zip: MIAMI, FL 33166

Title: TD ( ) Delete Name: SOTO, YANIRA L

Address: 8225 LAKE DRIVE, NO. C-403 FAIRWAYS AT DOR

City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: DARIO PARISH, NORMAN

Address: GUATEMALA CITY City-St-Zip: GUATEMALA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition Name: SOTO, REINALDO PASTOR Address: 10795 NW 50 ST., APT.207

City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change ( ) Addition Name: DARIO BARBERI, JULIO Address: 10795 NW 50 ST., APT.207

City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change ( ) Addition

Name: SOTO, YANIRA L Address: 10795 NW 50 ST., APT.207

City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: REINALDO SOTO PD 02/13/2006