
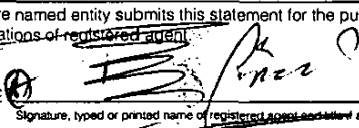



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90146 022 ****61.25

DOCUMENT # N03000002118 1. Entity Name COMITE SANTIAGO APOSTOL MIAMI CORP					
Principal Place of Business 4227 SW 153 COURT MIAMI, FL 33185			Mailing Address 4227 SW 153 COURT MIAMI, FL 33185		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2103835	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, RAMON 11504 SW 124 COURT MIAMI, FL 33186				7. Name and Address of New Registered Agent Name 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  <small>Signature, typed or printed name of registered agent and letter applicable.</small>			DATE 4/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, EDMUNDO		NAME	PRESIDENT	
STREET ADDRESS	4227 SW 153 COURT		STREET ADDRESS	RAMON LOPEZ	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	11504 SW 124 COURT MIAMI, FL 33186	
TITLE	SECR	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUNIGA, VIDA		NAME	Secr	
STREET ADDRESS	2837 SW 127 WAY		STREET ADDRESS	Serrano, Cristina E	
CITY-ST-ZIP	MIAMI, FL 33027		CITY-ST-ZIP	13408 SW 114 CT MIAMI FL 33176	
TITLE	TREAS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIVA, SUSANA		NAME	Trea	
STREET ADDRESS	13698 SW 32 STREET		STREET ADDRESS	Zuniga Vida	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	2837 SW 127 Way MIAMI FL 33027	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/4/05 (305) 552-1522 <small>Date Daytime Phone #</small>		