

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 024 ****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**



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2103835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, RAMON
11504 SW 124 COURT
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, RAMON
STREET ADDRESS	11504 SW 124 COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	SERRANO, CRISTINA E
STREET ADDRESS	13408 SW 114 CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TREA
NAME	ZUNIGA, VIDA
STREET ADDRESS	2837 SW 127 WAY
CITY-ST-ZIP	MIAMI, FL 33027 <i>MIRAMAR, FL 33027</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-06

(954) 662 6664