

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000002118</b><br>1. Entity Name<br>COMITE SANTIAGO APOSTOL MIAMI CORP |  |
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|-------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>11504 SW 124 CT<br>MIAMI, FL 33186 | Mailing Address<br>11504 SW 124 CT<br>MIAMI, FL 33186 |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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02272008 No Chg-NP CR2E037 (4/06)

|                             |                               |
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| 4. FEI Number<br>54-2103835 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>LOPEZ, RAMON<br>11504 SW 124 COURT<br>MIAMI, FL 33186 |
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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.<br>SIGNATURE: <i>Vida Delacruz</i><br>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<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LOPEZ, RAMON<br>11504 SW 124 COURT<br>MIAMI, FL 33186     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SERRANO, CRISTINA E<br>13408 SW 114 CT<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREA<br>ZUNIGA, VIDA<br>2837 SW 127 WAY<br>MIRAMAR, FL 33027   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |

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03/26/08-80090-006 61.25

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| 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. |
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| SIGNATURE: <i>Vida Delacruz</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|-------------------------------------------------------------------------------------------------------|------|-----------------|