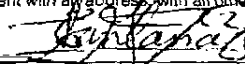


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002385						
1. Entity Name IGLESIA REY DE REYES, INC.						
Principal Place of Business 6120 NE 7 AVE. FT. LAUDERDALE, FL 33334		Mailing Address 6120 NE 7 AVE. FT. LAUDERDALE, FL 33334				
DO NOT WRITE IN THIS SPACE						
03202006 No Chg-NP CR2E037 (11/05) <table border="1" style="width: 100%;"><tr><td>4. FEI Number 37-1461792</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 37-1461792	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 37-1461792	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent SANTANA, EDGAR 6120 NE 7 AVE. FT. LAUDERDALE, FL 33334		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 _____ (NOTE: Registered Agent signature required when re-registering) 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				
		1100000478292 04/07/06-80026-002 61.25				
10. OFFICERS AND DIRECTORS						
TITLE	D					
NAME	SANTANA, EDGAR					
STREET ADDRESS	6120 NE 7 AVE.					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334					
TITLE	D					
NAME	SANTANA, MARIA					
STREET ADDRESS	6120 NE 7 AVE.					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334					
TITLE	D					
NAME	CORTEZ, OLIVIA					
STREET ADDRESS	2717 NW 55CT					
CITY-ST-ZIP	TAMARAC, FL 33309					
TITLE	D					
NAME	ORTIZ, JUAN					
STREET ADDRESS	5400 NE 5 AVE.					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334					
TITLE	D					
NAME	GALAU, JORGE					
STREET ADDRESS	1437 NW 2 AVE.					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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: 		3/20/06 954-325-5521				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone				