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	Mailing Address
6120 NE 7 AVE. FT. LAUDERDALE, FL 33334	6120 NE 7 AVE. FT. LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

03202006 No Chg-NP CR2E037 (11/05)

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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000478292
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	

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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.

SIGNATURE: Santana 3/20/06 954-325-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #