2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-7IP

SIGNATURE

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # N03000003421 1. Entity Name 02-06-2006 90082 025 ****61.25 IGLESIA DE DIOS SOL DE JUSTICIA IN TAMPA, INC. Principal Place of Business Mailing Address 3823 TEMPLE ST 3823 TEMPLE ST **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-0766968 Not Applicable Zip Country Country Zip, \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, DANIEL Street Address (P.O. Box Number is Not Acceptable) 2618 E 109TH AVE **TAMPA FL 33612** City 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 Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Addition Delete SAME RODRIGUEZ, DANIEL NAME MARKE STREET ADDRESS 2618 E 109TH AVE STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP TITLE STD TITLE ☐ Change ☐ Addition Delete FIGUEROA, EDUARDO NAME 1225 SWEET GUM DR STREET ADDRESS STREET ADDRESS BRANDON FL 33511-1883 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition TITLE VAZQUEZ, ROBERTO NAME NAME STREET ADDRESS 10424 N OKLAWAHA ST STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME CORTIJO, DINORA NAME STREET ADDRESS 3601 NORTH 13TH STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33605** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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

FILED