

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

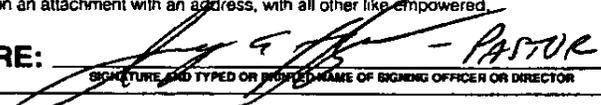
FILED
Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90040 032 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000008454			
1. Entity Name IGLESIA DE DIOS RIOS DE AGUA VIVA IN MIAMI, INC.			
Principal Place of Business 1500 NW 29 ST MIAMI FL 33142		Mailing Address 1500 NW 29 ST MIAMI FL 33142	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOYOS, JORGE 229 SW 103 CT MIAMI FL 33174		4. FEI Number 57-1189141	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP HOYOS, JORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	229 SW 103 CT	NAME	
STREET ADDRESS	MIAMI FL 33174	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS BAQUEDANO, OSCAR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11539 SW 5 ST	NAME	
STREET ADDRESS	MIAMI FL 33174	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT NUTTER, BILLY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 2 62 ST	NAME	
STREET ADDRESS	HIALEAH FL 33012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BURGOS, TADEO TRUSTEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1530 NW 29 ST	NAME	
STREET ADDRESS	MIAMI FL 33142	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 4/9/04 (305) 220-1742	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	