

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N04000010731 | |
| 1. Entity Name IGLESIA PROVISION DE DIOS, INC. | |
| Principal Place of Business 4120 WEST 12TH AVENUE HIALEAH, FL 33012 | Mailing Address 6500 N.W. 2ND ST. MIAMI, FL 33126 |



07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent | |
| PEREZ, ALFONSO 4120 WEST 12TH AVENUE HIALEAH, FL 33012 | 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 _____
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 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000571738 07/21/06-80010-010 61.25 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, ALFONSO 6500 N.W. 2ND ST. MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GARCIA CANO, JOCHEBED 4120 WEST 12TH AVENUE HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEMA, LIZET 5105 S.W. 95TH AVE. COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEREZ, NANCY 6500 N.W. 2ND ST. MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEMA, PEDRO 5105 N.W. 95TH AVE. COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAFALS, MAGALY 6361 S.W. 35TH CT. MIRAMAR, FL 33023 |

**DO NOT WRITE
IN THIS SPACE**

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:

Alfonso Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06

Date

305-261-7793

Daytime Phone #