


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90244 011 \*\*\*\*70.00

<b>DOCUMENT # N04000011799</b>	
1. Entity Name IGLESIA CRISTIANA CONFRATERNIDAD DE BROWARD INC.	

Principal Place of Business 1511 N.W. 91 AVENUE APT. 912 CORAL SPRINGS, FL 33071	Mailing Address 1511 N.W. 91 AVENUE APT. 912 CORAL SPRINGS, FL 33071
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01282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2078652	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HISPANUSA INC. 1919 NORTH STATE ROAD 7 202 MARGATE, FL 33063
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPL CANAS, LEONEL 1511 NW 91 AVENUE APT. 912 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTENEDA, FERNANDO 1511 NW AVENUE, APT 912 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTENEDA, ZORAIDA 1511 NW AVENUE, APT 912 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZUERA, NELSON 1511 NW AVENUE, APT 912 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZUERA, MATILDE 1511 NW AVENUE, APT 912 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAKITIN, OLGA 1511 NW AVENUE, APT 912 CORAL SPRINGS, FL 33071

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:**  \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #