

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N04275 1. Entity Name IGLESIA METODISTA PENTECOSTAL DE CHILE EN LOS ESTADOS UNIDOS DE AMERICA, INC.	
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Principal Place of Business 4540 SW 74 AVENUE MIAMI, FL 33155 US	Mailing Address 8716 SW 103RD AVE MIAMI, FL 33173 US
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03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530722	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZUNIGA, RODRIGO
8716 S.W. 103RD AVE.
MIAMI, FL 33173

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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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS CARTES, BERNARDO V OBISPO MANUEL UMANA S #139 SANTIAGO, CHILE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUNIGA, RODRIGO REV 8716 S.W. 103RD AVE. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUNIGA, ERASMO HON. 8716 S.W. 103RD AVE. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, OSWALDO E 12234 SW 115 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDOVAL, PATRICIO 8650 SW 133 AVENUE ROAD 123 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000356497
05/04/05-80037-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 3/23/05 **Daytime Phone #** 301 273 8706