


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04275**

1. Entity Name  
**IGLESIA METODISTA PENTECOSTAL DE CHILE EN LOS ESTADOS UNIDOS DE AMERICA, INC.**



Principal Place of Business      Mailing Address

**4540 SW 74 AVENUE  
 MIAMI, FL 33155 US**

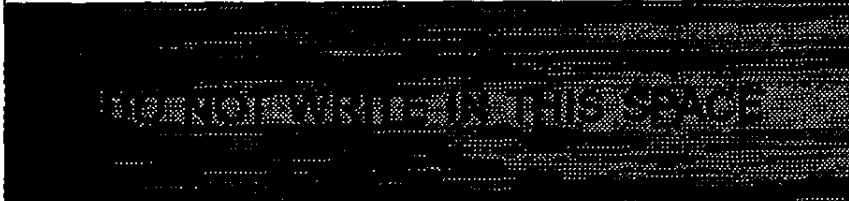
**8716 SW 103RD AVE  
 MIAMI, FL 33173 US**



04062006 No Chg-NP      CRZE037 (11/05)

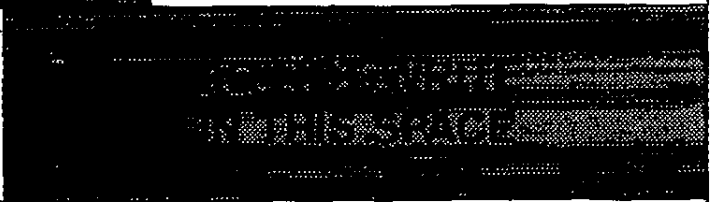
4. FEI Number      Applied For  
**59-2530722**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

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



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)

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

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

**05/12/06-80070-020 70.00**

10. OFFICERS AND DIRECTORS

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



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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 2006**      Daytime Phone # \_\_\_\_\_