## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE:

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # N05000004411 1. Entity Name 04-11-2006 90113 024 \*\*\*\*70.00 PRIMERA IGLESIA DEL NAZERNO HISPANA INC. NAZARONO Principal Place of Business Mailing Address 14800 NW 67 AVENUE MIAMI LAKES FL 33014 14800 NW 67 AVENUE MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORÉ CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-124-5009 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, ROBERTO J SR. 14800 NW 67 AVENUE MIAMI LAKES FL 33014 City Zip Code 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, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61,25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to V Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE Addition Change PEREZ, ROBERTO NAME NAME STREET ADDRESS 3940 W. 11 LANE STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PEREZ, OLENA NAME 3940 W. 11 LANE STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-7IP CHY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition RIVERA, MARITZA NAME NAME STREET ADDRESS 4073 W 8 CT. STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 adachment with an address, with all other like empowered.

**FILED**