

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009871

FILED
Apr 03, 2006
Secretary of State

Entity Name: TEMPLE ANGELICAL KEY OF THE UNIVERSE, INC.

Current Principal Place of Business:

1200 SW 99TH ST.
MIAMI, FL 33186

New Principal Place of Business:

12200 SW 99TH ST.
MIAMI, FL 33186

Current Mailing Address:

1200 SW 99TH ST.
MIAMI, FL 33186

New Mailing Address:

12200 SW 99TH ST.
MIAMI, FL 33186

FEI Number: 20-3613068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TALIESON ADVISORY CORP.
9655 S. DIXIE HWY., SUITE 101
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALVIS, ELIZABETH
Address: 12200 SW 99TH ST.
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: GONZLEZ, ZORALDA
Address: 13487 SW 62ND ST., APT. 5
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: DURAN, YOLANDA
Address: 9655 S. DIXIE HWY., 101
City-St-Zip: PINECREST, FL 33156

Title: D (X) Delete
Name: WANG CHIA, YU
Address: 12200 SW 99TH ST.
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: BELTRAN, TATIANA
Address: 1143 LINCOLN LANE ST.
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BELTRAN, TATIANA
Address: 1143 LINCOLN LANE ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: D (X) Change () Addition
Name: WANG CHIA, YU
Address: 12200 SW 99 ST
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH GALVIS

PD

04/03/2006

Electronic Signature of Signing Officer or Director

Date