
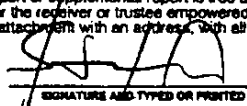


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90163 017 \*\*\*\*70.00

<b>DOCUMENT # N05000011689</b>					
1. Entity Name <b>CASA SOBRE LA ROCA IGLESIA CRISTIANA INTEGRAL CONCILIO GLOBAL, INC.</b>					
Principal Place of Business <b>16550 NW 52ND AVENUE HIALEAH, FL 33014</b>			Mailing Address <b>16550 NW 52ND AVENUE HIALEAH, FL 33014</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-3314704</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SILVA-SILVA, DARIO 16550 NW 52ND AVENUE HIALEAH, FL 33014</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signatures, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	SILVA-SILVA, DARIO				
STREET ADDRESS	16550 NW 52ND AVENUE				
CITY- ST- ZIP	HIALEAH, FL 33014				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	FERNANDEZ, ESTEBAN				
STREET ADDRESS	7500 NW 25TH ST.				
CITY- ST- ZIP	MIAMI, FL 33122				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	GARCIA, FERNANDO				
STREET ADDRESS	17677 SW 32ND ST.				
CITY- ST- ZIP	MIRAMAR, FL 33029				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	JALUBE, RICARDO				
STREET ADDRESS	603 MISTY OAKS LN.				
CITY- ST- ZIP	POMPANO BEACH, FL 33069				
TITLE	D	<input type="checkbox"/> Delete			
NAME	ESPINOOLA, SILVANO				
STREET ADDRESS	4117 W. PALMAIRE DR., #84				
CITY- ST- ZIP	POMPANO BEACH, FL 33169				
TITLE	D	<input type="checkbox"/> Delete			
NAME	GUILARTE, FERNANDO				
STREET ADDRESS	18869 SW 80TH CT.				
CITY- ST- ZIP	MIAMI, FL 33157				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 _____ Daytona Phone # _____					



ATTACHMENT  
66009219

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

CASA SOBRE LA ROCA IGLESIA CRISTIANA INTEGRAL CONCILIO  
16550 NW 52ND AVENUE  
HIALEAH, FL 33014

Subject: CASA SOBRE LA ROCA IGLESIA CRISTIANA INTEGRAL CONCILIO

Reference Number: N05000011689

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION