

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010064

FILED  
Jan 27, 2007  
Secretary of State

**Entity Name:** LLAMAS DEL ESPIRITU - AFLAME IN THE SPIRIT ASSO. INC.

**Current Principal Place of Business:**

5990 NE 106 CT  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

5990 NE 106 CT  
BRONSON, FL 32621

**New Mailing Address:**

**FEI Number:** 02-0787814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FELICIANO, MYRNA L  
5990 NE 106 CT  
BRONSON, FL 32621 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: GARCES, IRIS VIOLETA REV  
Address: 5990 NE 106 CT  
City-St-Zip: BRONSON, FL 32621

Title: VPMD ( ) Delete  
Name: FELICIANO, MYRNA LUZ  
Address: 5990 NE 106 CT  
City-St-Zip: BRONSON, FL 32621

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MYRNA L. FELICIANO

VPMD

01/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date