


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90180 037 ****61.25

DOCUMENT # N12278

1. Entity Name
KARDECIAN SPIRITIST CONGREGATION, INC.



Principal Place of Business
**1875 W. FLAGLER STREET
 MIAMI, FL 33135**

Mailing Address
**PO BOX 452405
 MIAMI, FL 33245**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03102007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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



6. Name and Address of Current Registered Agent

**PRIETO, NORBERTO
 15450 SW 75 CIRCLE LANE, APT. 108
 MIAMI, FL 33193**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLAZA, GUALBERTO	
STREET ADDRESS	795 W 70TH PLACE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NIDIA, SENDRA	
STREET ADDRESS	215 SW 42 AVENUE, APT. 507	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLAZA, CARMEN	
STREET ADDRESS	795 W 70TH PLACE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRIETO, NORBERTO	
STREET ADDRESS	2550 SW 27 LN	
CITY-ST-ZIP	MIAMI, FL 331333113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prieto, Norberto	
STREET ADDRESS	15450 S.W. 75 CIRCLE LANE APT. 108	
CITY-ST-ZIP	MIAMI, FL 33193-7821	
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:  **APRIL 17/07 (305) 408 7832**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #