

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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**



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLAZA, GUALBERTO 795 W 70TH PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIDIA, SENDRA 215 SW 42 AVENUE, APT. 507 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLAZA, CARMEN 795 W 70TH PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIETO, NORBERTO 15450 SW 75 CIR LN APT 108 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80028-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

4/21/2008

Date

305-4087832

Daytime Phone #