


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 040 ****61.25

DOCUMENT # N15550
 1. Entity Name
IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.



Principal Place of Business
88 W 9. St
HIALEAH, FL 33010

Mailing Address
3535 WEST 8TH AVE
HIALEAH, FL 33012

40091104



DO NOT WRITE IN THIS SPACE

02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2693147	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
CASTRO, HECTOR M.
3535 W 8 Ave
HIALEAH, FL 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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 CASTRO, HECTOR M. 3535 WEST 8TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTRO, CIRA A. 3535 WEST 8TH AVE. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, DANIEL 11991 SW 195 STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RASKY, MARIA DE J 3535 W. 8TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Hector Castro / PD *Hector Castro* 3/19/06 305-820-0150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #