

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 016 ****70.00

DOCUMENT # N23925

1. Entity Name
**AGRUPACION ESPIRITA SEGUIDORES DE JESUS
CORP.**



Principal Place of Business
**1095-A WEST 29TH STREET
HIALEAH, FL 33012**

Mailing Address
**1095-A WEST 29TH STREET
HIALEAH, FL 33012**



07102004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0017916

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, JUAN M.
1855 W. 64 STREET
HIALEAH, FL 33012**

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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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOPEZ, JUAN M.
STREET ADDRESS	1855 W. 64TH STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	LLERENA, JORGE
STREET ADDRESS	640 S.W. 64TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	OTERO, AIDA
STREET ADDRESS	2775 W. OKEECHOBEE RD.
CITY-ST-ZIP	HIALEAH, FL
TITLE	DVP
NAME	LOPEZ, ELBA A.
STREET ADDRESS	1855 W 64 STREET #P11
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	VEIGA, ELENA
STREET ADDRESS	367 W. 34TH ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Juan M Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #