

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26641

FILED
Apr 29, 2005
Secretary of State

Entity Name: INTERNATIONAL DIVINE REALIZATION SOCIETY INC.

Current Principal Place of Business:

16920 SW 110 CT.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 570370
MIAMI, FL 33257

New Mailing Address:

FEI Number: 65-0056955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUARTE, MANUEL
16920 SW 110 CT
MIAMI, FL 33157 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: VP () Delete
Name: MARVIN, BARRETO
Address: 13425 SW 68 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: CABRERA, JUAN
Address: 14864 SW 58 STREET
City-St-Zip: MIAMI, FL 33193

Title: PD () Delete
Name: DUARTE, MANUEL
Address: 16920 SW 110 CT
City-St-Zip: MIAMI, FL 33157

Title: T (X) Delete
Name: DUARTE, CLAUDIA
Address: 1251 SW 129 AVE.
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MARVIN, BARRETO
Address: 13425 SW 68 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: PD (X) Change () Addition
Name: DUARTE, MANUEL
Address: 16920 SW 110 CT
City-St-Zip: MIAMI, FL 33157

Title: T (X) Change () Addition
Name: DUARTE, CLAUDIA
Address: 1251 SW 129 AVE.
City-St-Zip: MIAMI, FL 33184

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 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 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: MANUEL DUARTE

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date