

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32739**

1. Entity Name  
**IGLESIA SEMILLAS DE FE, INC.**



Principal Place of Business  
**6321 SW 22 STREET  
MIAMI, FL 33155**

Mailing Address  
**6321 SW 22 STREET  
MIAMI, FL 33155**



01052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0131890**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**AMARO, ESTHER L.  
6321 SW 22 STREET  
MIAMI, FL 33155**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**2-1-2005**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
AMARO, NIEVES ARMANDO  
6321 SW 22ND STREET  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
AMARO, ESTHER L.  
6321 SW 22ND STREET  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
AMARO, SELMA ESTHER  
6321 SW 22ND STREET  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000211806  
02/02/05-80134-009 61.25

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