


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90017 018 \*\*\*\*70.00

<b>DOCUMENT # N33857</b> 1. Entity Name <b>IGLESIA CONFRATERNIDAD, INC.</b>					
Principal Place of Business <b>IGLESIA CONFRATERNIDAD</b> <b>10251 SW 64 ST</b> <b>MIAMI, FL 33196 US</b>			Mailing Address <b>IGLESIA CONFRATERNIDAD</b> <b>10251 SW 64 ST</b> <b>MIAMI, FL 33196 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FE! Number <b>65-0145695</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VILLAVICENCIO, JUAN</b> <b>9900 S.W. 88 ST - APT - K 301</b> <b>MIAMI, FL 33176</b> <i>New Address: 9122 SW 148 Court.</i> <i>MIAMI FL, 33196</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				2/10/04 DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHAVEZ, VICTOR 12540 S.W. 6TH STREET MIAMI, FL 33184	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASTI BARRA RIVAS 8271 SW 107 Ave. Apt. B. MIAMI FL, 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMIREZ, ZULMA 9982 SW 162 CT MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA ANTONIETA ORTEGA 8211 SW 72 Ave. Apt. 221 MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOTO, JAIME 7473 S.W. 88 ST MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUENO, GUSTAVO 15219 S.W. 71 LN MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY, MARIA E 8361 SW 107 AVE APT A MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/10/04 (305) 326-3207 <small>Date Daytime Phone #</small>	