


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N33857					
1. Entity Name IGLESIA CONFRATERNIDAD, INC.					
Principal Place of Business IGLESIA CONFRATERNIDAD 10251 SW 64 ST MIAMI, FL 33196 US			Mailing Address IGLESIA CONFRATERNIDAD 10251 SW 64 ST MIAMI, FL 33196 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FE! Number 65-0145695				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VILLAVICENCIO, JUAN 9900 S.W. 88 ST - APT - K 301 MIAMI, FL 33176 <i>New Address: 9122 SW. 148 Court. MIAMI FL, 33196</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Juan Villavicencio</i>		DATE <i>2/10/04</i>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVEZ, VICTOR		NAME	VASTI BARRA RIVAS	
STREET ADDRESS	12540 S.W. 6TH STREET		STREET ADDRESS	8271 SW. 107 AVE. Apt. B.	
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP	MIAMI FL, 33173	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, ZULMA		NAME	MARIA ANTONIETA ORTEGA	
STREET ADDRESS	9982 SW 162 CT		STREET ADDRESS	8211 SW. 72 AVE. Apt. 221	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, JAIME		NAME		
STREET ADDRESS	7473 S.W. 88 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUENO, GUSTAVO		NAME		
STREET ADDRESS	15219 S.W. 71 LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REY, MARIA E		NAME		
STREET ADDRESS	8361 SW 107 AVE APT A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Juan Villavicencio</i>		DATE: <i>2/10/04</i>		DAYTIME PHONE: <i>(305) 326-3207</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	