




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 033 ****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
02282005		Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0145695		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 9122 SW 48 COURT MIAMI, FL 33196		Name <u>VILLAVICENCIO, JUAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>15385 SW 64th St Apt #102</u> City <u>MIAMI FL</u> FL Zip Code <u>33193</u>	
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 		DATE <u>4/11/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DS NAME CHAVEZ, VICTOR <input checked="" type="checkbox"/> Delete STREET ADDRESS 12540 S.W. 6TH STREET CITY-ST-ZIP MIAMI, FL 33184	TITLE DS NAME VILLAVICENCIO, JUAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 15385 SW 64th St Apt 102 CITY-ST-ZIP MIAMI FL 33193		
TITLE D NAME BARRA-RIVAS, VASTI <input checked="" type="checkbox"/> Delete STREET ADDRESS 8271 SW 107 AVE., APT. B CITY-ST-ZIP MIAMI, FL 33173	TITLE D NAME VILMA ZUÑIGA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 7460 SW 107 Ave Apt. 3103 CITY-ST-ZIP MIAMI FL 33173		
TITLE D NAME SOTO, JAIME <input type="checkbox"/> Delete STREET ADDRESS 7473 S.W. 88 ST CITY-ST-ZIP MIAMI, FL 33143	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BUENO, GUSTAVO <input checked="" type="checkbox"/> Delete STREET ADDRESS 15219 S.W. 71 LN CITY-ST-ZIP MIAMI, FL 33193	TITLE D NAME JORGE REY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 8361 SW 107 Ave Apt. A. CITY-ST-ZIP MIAMI FL 33173		
TITLE D NAME REY, MARIA E <input type="checkbox"/> Delete STREET ADDRESS 8361 SW 107 AVE APT A CITY-ST-ZIP MIAMI, FL 33173	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME ANTONIETA-ORTEGA, MARIA <input checked="" type="checkbox"/> Delete STREET ADDRESS 8211 SW 72 AVE., APT. 221 CITY-ST-ZIP MIAMI, FL 33143	TITLE <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: 		DATE <u>4/11/05</u> (786) 4889852 Daytime Phone #	