

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90135 035 ****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
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1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip 33173	Country	Zip 33173	Country
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4. FEI Number 65-0145695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VILLAVICENCIO, JUAN
15385 SW 64TH
APT 102
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name **Hurtado, Percy**
Street Address (P.O. Box Number is Not Acceptable)
18871 NW 84th Court
1002
City **Miami** FL Zip Code **33015**

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 *Percy Hurtado* DATE 2/12/06
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VILLAVICENCIO, JUAN 15385 SW 64TH STREET APT 102 MIAMI FL 33193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZUTIGA, VILMA 7460 SW 107 AVE APT 103 MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTO, JAIME 7473 S.W. 89 th ST MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REY, JORGE 8351 SW 107 AVE APT A MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REY, MARIA E 8351 SW 107 AVE APT A MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hurtado, Percy 18871 NW 84th Ct. # 1002 Miami, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Soto, Jaime 7473 SW 82nd Street, Apt. A -109 Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasures / Director Rey, Jorge 8351 SW 107th Ave, Apt. A Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SID Rey, Maria E. 8351 SW 107th Ave, Apt. A Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Zuñiga, Vilma 7460 SW 107th Ave, Apt 103 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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: *Percy Hurtado* DATE 2/12/06 DAYTIME PHONE # 786-897-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #