

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36777</b>	
1. Entity Name IGLESIA CRISTIANA AMOR, INC.	
Principal Place of Business 10855 SW 26 ST MIAMI, FL 33165 US	Mailing Address 10855 SW 26 ST MIAMI, FL 33165 US



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0176037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MARTINEZ, PEDRO A 1241 SW 143 AVENUE MIAMI, FL 33184
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**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, PEDRO A 1241 SW 143RD AVE. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALAM, MARIA H 4238 SW 153 CT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAFFE, ALBERTO 11027 SW 88 ST #0-203 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATO, JOSE M 15428 SW 62 STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000319035  
01/20/05-80082-003 61.25

000000319035  
04/20/05-80082-004 8.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Pedro A. Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2005 305-220-3467

Date

Daytime Phone #