


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N36777
 1. Entity Name
 IGLESIA CRISTIANA AMOR, INC.



Principal Place of Business Mailing Address
 10855 SW 26 ST 10855 SW 26 ST
 MIAMI, FL 33165 US MIAMI, FL 33165 US

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04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0176037	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
 MARTINEZ, PEDRO A
 1241 SW 143 AVENUE
 MIAMI, FL 33184

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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: *Pedro A. Martinez* DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

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 #D-203 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATO, JOSE M 15428 SW 62 STREET MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/06-80063-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Pedro A. Martinez* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR