


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N43147
1. Entity Name
IGLESIA CRISTIANOS UNIDOS INC.



Principal Place of Business
2255 W. FLAGLER
MIAMI, FL 33135 US

Mailing Address
P.O BOX 470534
MIAMI, FL 33247 US

DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0281972	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
TORRES, ELTA P
2255 W. FLAGLER
MIAMI, FL 33135

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	DP TORRES, ELTA P. 2255 W FLAGLER MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PADILLA, MASSIEL 211 SW 18 AVE, APT 4 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUARDADO, NORMA 225 SW 18 COURT APT # 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/23/04-80135-017 61.25

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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)(f), 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: Elta Torres *PRESIDENT* ELTA TORRES 02/06/04 (305) 275-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #