


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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

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|---|--|
| Principal Place of Business 2255 W. FLAGLER MIAMI FL 33135 US | Mailing Address P.O BOX 470534 MIAMI FL 33247 US |
|---|--|



1st MOORE CR2E037 (10/04)

| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 65-0281972 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip |
| | | Country |

| |
|--|
| 6. Name and Address of Current Registered Agent |
| TORRES, ELTA P 2255 W. FLAGLER MIAMI FL 33135 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> DP TORRES, ELTA P. 2255 W FLAGLER MIAMI FL 33155 </td> <td style="width: 20%; text-align: right; padding-right: 5px;"><input type="checkbox"/> Delete</td> </tr> </table> | DP TORRES, ELTA P. 2255 W FLAGLER MIAMI FL 33155 | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|---|---|--|---|
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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: Jose Escarpis *Power of Attorney* 2/7/04 (305) 275-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #