
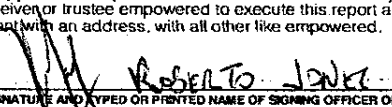


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90329 042 ****70.00

DOCUMENT # N49618			
1. Entity Name IGLESIA CRISTO LA UNICA ESPERANZA, INC.			
Principal Place of Business 5514-16 W SAMPLE ROAD MARGATE, FL 33073 US		Mailing Address 1254 N.W. 66TH AVENUE MARGATE, FL 33063-3410	
2. Principal Place of Business 950 NW 66th Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Margate, FL		City & State	
Zip 33063		Country	
4. FEI Number 65-0341674		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04242004 Chg-NP CR2E037,(10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MASTRIANNI, EDIE 1531 SE HARMONY COURT PORT ST. LUCIE, FL 34952		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERTO	NAME	
STREET ADDRESS	1254 NW 66TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUDIO, EUSBRO	NAME	
STREET ADDRESS	2502 ANTIGAU TERR. APT C-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33066	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENAGOS, YOLIMA E	NAME	
STREET ADDRESS	9013 NW 38 DR. APT 101	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL TORO, LYDIA	NAME	
STREET ADDRESS	5301 S.W. 6TH PL	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ISMAEL	NAME	
STREET ADDRESS	22853 STERLING LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, AUREA	NAME	
STREET ADDRESS	22853 STERLING LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
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: 		Date: 04-27-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	