2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 10, 2005 Secretary of State

Entity Name: IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC. **Current Principal Place of Business: New Principal Place of Business:** 6141 PEMBROKE RD HOLLYWOOD, FL 33023 **Current Mailing Address: New Mailing Address:** 6141 PEMBROKE RD HOLLYWOOD, FL 33023 US FEI Number: 65-0397541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, DAVID 126 N.W. 152 AVE PEMBROKE PINES, FL 33028 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARCIA, DAVID Name: Name: 126 N.W. 152ND AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: DILLER, BEATRIC Name: MORALES, IVETTE Address: 1039 SW 122 AVENUE, BLDG, 62 Address: 10244 SW 20 STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIRAMAR, FL 33025 Title: () Delete Title: () Change () Addition TRIBIN, LUIS A Name: Name: 12659 NW 13TH STREET Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: VD () Delete Title: ΑN (X) Change () Addition Name: SERRA, DAVID Name: DEHOYOS, BENJAMIN 1400 NW 108TH AVENUE #274 Address: Address: 15731 NW 7TH STREET City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ALBERTO TRIBIN TD 04/10/2005