


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90032 030 \*\*\*\*70.00

<b>DOCUMENT # N9300000216</b>			
1. Entity Name <b>LA VOZ DE SALVACION, INC.</b>			
Principal Place of Business <b>462 N.W. 111TH TERRACE MIAMI SHORES FL 33168</b>		Mailing Address <b>462 N.W. 111TH TERRACE MIAMI SHORES FL 33168</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0380247</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARROYO, SUSANA 462 N.W. 111TH TERRACE MIAMI SHORES FL 33168</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARROYO, SUSANA</b> <b>462 N.W. 111TH TERR</b> <b>MIAMI SHORES FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDWIN ARROYO</b> <b>462 N.W. 111 TERR</b> <b>MIAMI SHORES FLA. 33168</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARROYO, EDWIN</b> <b>462 N.W. 111TH TERR</b> <b>MIAMI SHORES FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Edward Arroyo</b> <b>462 N.W. 111 Terr.</b> <b>MIAMI SHORES FLA. 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, DAMIAN SR</b> <b>1510 N.E. 207TH STREET</b> <b>NORTH MIAMI FL 33179-2105</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Susana D</b> <b>Susana Arroyo</b> <b>462 N.W. 111 TERR</b> <b>MIAMI SHORES FLA. 33168</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOCAL</b> <b>LEONOR Melendez</b> <b>20560 NE 8 CT.</b> <b>N.M BEACH FLA. 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOCAL</b> <b>NITZA BORRERO</b> <b>2643 BAHAMA DRIVE</b> <b>MIRAMAR FLA. 33023</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOCAL</b> <b>Alfredo Arroyo</b> <b>462 N.W. 111 TERR</b> <b>MIAMI SHORES FLA. 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Edwin Arroyo</i>		Date: <i>2/20/04</i> Day/Time Phone #: <i>(305) 758-0487</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #	