


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90312 016 ****70.00

DOCUMENT # N93000001235			
1. Entity Name CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIANA TEMPLO DEL AVIVAMIENTO), INC.			
Principal Place of Business 7707 NW 103RD STREET HIALEAH FL 33016 US		Mailing Address PO BOX 160657 HIALEAH FL 33016 US	
2. Principal Place of Business 2137 W. 60th St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida		City & State	
Zip 33016	Country U.S.A.	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0410163		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CARDONA, MARIA GLADYS 22-10 SW 138 AVE MIAMI FL 33175		7. Name and Address of New Registered Agent	
		Name <u>Dayra Jimenez</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>18555 Collins Ave. Apt. 150</u>	
		City <u>Sunny Isles</u>	FL Zip Code <u>33160</u>

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: [Signature] DATE: 04/05/2004

Signature. Type or print the 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, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLIVO, DAVID 186 NW 27 AVENUE APT 309 MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Olivo, David 18932 N.W. 27 Ave. Apt. 112 Miami, FL. 33055 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRETT, GUARINA 6345 NW 201 LANE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV. Barrett Guarina 6345 N.W. 201 Lane Miami, FL. 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JIMENEZ, DAYRA 18555 COLINS AVE SUNNY ISLES FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT. Jimenez Dayra 18555 Collins Ave. Apt. 150 Sunny Isles, FL. 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGERONIMO, ORIETA 2405 DEER CREEK RD WESTON FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Sarmiento Faride 9370 Sunrise Lakes Blvd. 105 Sunrise, FL. 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARDONA, MARIA GLADYS 2210 SW 138 AVENUE MIAMI FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S murillas Delimiro 1333 Dickens Ave. Apt. 2 Miami Beach, FL. 33141 <input checked="" 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	<input type="checkbox"/> Change <input 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: [Signature] Dayra Jimenez DATE: 04/05/2004 (305) 935-2890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR