

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

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-23-2005 90066 045 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # N93000004523					
1. Entity Name INTERNATIONAL UNION OF THE YORUBA RELIGION RIGHTS INC.					
Principal Place of Business 836 NE 82ND ST. MIAMI FL 33138 US			Mailing Address P.O. BOX 1158 MIAMI FL 33142 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMORA, RIGOBERTO 2250 S.W. 8TH STREET MIAMI BEACH 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: <u><i>Rigoberto Zamora</i></u> DATE: <u>3-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, RIGOBERTO <input type="checkbox"/> Delete 1291 MARSEILLE DR. MIAMI BEACH FL 33141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVIERA, VIVIAN <input type="checkbox"/> Delete 2536 VAN BUREN ST. APT 3A HOLLYWOOD FL 33020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORES, PEDRO <input type="checkbox"/> Delete 1140 SW 3RD ST. MIAMI FL 33130				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>No Change.</i>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <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: <u><i>Rigoberto Zamora</i></u> <u><i>Rigoberto Zamora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

3-18-05
305-858-2239