


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90226 031 ****61.25

DOCUMENT # N93000005423 1. Entity Name IGLESIA BAUTISTA VICTORIA EN CRISTO INC.					
Principal Place of Business 405 WEST 28 ST MIAMI BEACH, FL 33140 US			Mailing Address 13937 SW 44 LANE CR. MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0464094	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PALACIOS, VICTOR M 13937 SW 44TH LN CR #B MIAMI, FL 33175				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIOS, VICTOR M. 13937 SW 44TH LANE, CIR. B MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OYERBIDES, MARIBEL 5151 COLLINS AVE #1420 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIOS, MARTHA G. 13937 SW 44TH LANE, CIR. B MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZO, ROSA 15338 SW 72 ST #13 MIAMI, FL 33193	<input type="checkbox"/> Delete			
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: Martha G Palacios <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04-18-05 <small>Date Daytime Phone #</small>	

40063970



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0464094

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PALACIOS, VICTOR M.	
STREET ADDRESS	13937 SW 44TH LANE, CIR. B	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	OYERBIDES, MARIBEL	
STREET ADDRESS	5151 COLLINS AVE #1420	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALACIOS, MARTHA G.	
STREET ADDRESS	13937 SW 44TH LANE, CIR. B	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOZO, ROSA	
STREET ADDRESS	15338 SW 72 ST #13	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	AQUINO, JOSE	
STREET ADDRESS	405 West 28 St.	
CITY-ST-ZIP	Miami Beach FL 33140	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Martha G Palacios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-05
Date Daytime Phone #