2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000666

City-St-Zip:

PEMBROKE PINES, FL 33009

Entity Name: HOUSE OF FAITH CHURCH, INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 850 IVES DAIRY RD T-6-8 MIAMI, FL 33179 **New Mailing Address: Current Mailing Address:** 1245 DOVE AVENUE MIAMI SPRINGS, FL 33166 US FEI Number: 65-0468990 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: VELAZQUEZ, JOSE GUILLERMO 1245 DOVE ÁVENUE MIAMI SPRINGS, FL 33166 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: (X) Change () Addition () Delete VELAZQUEZ, JOSE GUILLERMO VELAZQUEZ, JOSE GUILLERMO Name: Name: 1245 DOVE AVENUE Address: 1245 DOVE AVENUE Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166 Title: VDT () Delete Title: (X) Change () Addition VELAZQUEZ, SARITA R Name: VELAZQUEZ, SARITA R Name: Address: 1245 DOVE AVENUE Address: 1245 DOVE AVENUE City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166 Title: () Delete Title: () Change () Addition MELENDEZ, MIRNALIZ Name: Name: Address: 1410 N E 132ND ROAD Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: Title: (X) Change () Addition () Delete BANOS, FEDERICO L Name: Name: BANOS, FEDERICO L 13105 NE 13TH AVE Address: Address: 13105 NE 13TH AVE City-St-Zip: NORTH MIAMI, FL City-St-Zip: NORTH MIAMI, FL Title: () Delete Title: () Change () Addition GONZALEZ, MIGUEL A Name: Name: 7711 NW 5TH STREET Address: Address:

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.

City-St-Zip:

SIGNATURE: JOSE GUILLERMO VELAZQUEZ PD 03/30/2005