


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002137

1. Entity Name
IGLESIA BAUTISTA "SION" INC.



Principal Place of Business Mailing Address

**378 WESTWARD DR.
MIAMI SPRINGS, FL 33166 US**

**632 MINOLA DR
MIAMI SPRINGS, FL 33166 US**



DO NOT WRITE IN THIS SPACE

04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0583343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUGO, ABILIO J
632 MINOLA DR.
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORNA, ESTHER M 632 MINOLA DR. MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEREZ, ROBERTO 326 W. 12 ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMIREZ, MIRIAM 3822 NW 58 CT VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, SERGIO 3822 NW 58 CT VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80003-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Abilio J. Lugo* **ABILIO J. LUGO (AGENT)** 4-5-05 305 885 9686

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #