FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90323 022 ****61.25

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CR2E037 (10/03)

2005		ROFIT CORF AL REPORT	ORA	TION	A	ec.
DOCUMEI 1. Entity Name GOSPEL CHU		04-1				
Principal Place of Bu 260 NE 59TH ST MIAMI, FL 33137	siness	Mailing Address 637 NE 67TH STR MIAMI, FL 33137	337 NE 67TH STREET			
2. Principal Place of						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-N
City & State		City & State	City & State			549
Zip	Country	Zip	Co	ountry	5. Certificate of	of Status
6. Name and Address of Current Registered Agent					7. Name and	Address
				Name		

City & State Cit		City & State	y & State		4. FEI Number 65-0757549					
Zip	Country	Zip	Country				Not Applicable 8.75 Additional ee Required			
	6. Name and Address of Current Regis	stered Agent	1	7. Name and Addre	7. Name and Address of New Registered Agent					
V. Hamb and Address of Outron Hogistoria Agent				Name						
GLAUDE, I	PRENOR J			· · · · · · · · · · · · · · · · · · ·						
	9TH STREET		Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33137									
										
			City			FL	Zip Code).		
	named entity submits this statement for the jons of registered agent.	purpose of changing its	registered office or regi	istered agent, or both, in th	ne State of Florid	a. I am fam	iliar with, a	and accept		
SIGNATURE .	Signature, typed or printed name of registered agent and title	if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating)		DATE				
	Filing Fee Is \$61.25 Due by May 1, 2005		· •			•	eck payable to			
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES	TO OFFICERS	AND DIREC	TORS IN	10		
IITLE	PD	☐ Delete	TITLÉ] Change	Addition		
VAME	GLAUDE, PRENOR J		NAME							
STREET ADDRESS	637 NE 67TH STREET		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP							
TITLE	Т	☐ Delete	TITLE		•] Change	☐ Addition		
NAME	MARIE KETTIA, NORMIL		NAME							
STREET ADDRESS	637 N.E. 67 STREET		STREET ADDRESS							
CITY+ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		-			٠.		
TITLE	VSD	☐ Delete	TITLE] Change	☐ Addition		
NAME	CHERY, JHONY		NAME				-			
STREET ADDRESS	710 N.E. 154 STREET		STREET ADDRESS							
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP							
TITLE	TD	☐ Delete	TITLE				Change	Addition 🔲		
NAME	DIJON, JOSUE		NAME							
STREET ADDRESS	1305 NE 132ND STREET		STREET ADDRESS							
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		<u>.</u>					
TITLE	т	☐ Delete	TITLE				Change	Addition 🗌		
NAME	GLAUDE, DERNA J		NAME							
STREET ADDRESS	637 N.E. 67 STREET		STREET ADDRESS		•		4 .	. •		
CITY+ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP							
TITLE	T	☐ Delete	TITLE] Change	☐ Addition		
NAME	GLAUDE, ANNÉ J		NAME							
STREET ADDRESS	637 N.E 67 STREET		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP							

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR