

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90080 042 ****61.25

DOCUMENT # N95000000746
1. Entity Name
IGLESIA CRISTIANA LA GRAN COMISION, INC.



DO NOT WRITE IN THIS SPACE

24002709

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2. Principal Place of Business 4350W.Hallandale Beach		3. Mailing Address P.O. BOX 51	
Suite, Apt. #, etc. 4TH FLOOR		Suite, Apt. #, etc.	
City & State PEMBROKE PARK, FL		City & State HALLANDALE, FL	
Zip 33023	Country US	Zip 33008--0051	Country US

4. FEI Number 65-1113615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **HOFFMAN, ROBERT M.**

Street Address (P.O. Box Number is Not Acceptable)

5975SUNSET DRIVE PENTHOUSE 802

City **SOUTH MIAMI** **FL** Zip Code **33143**

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 _____

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA, VICTOR 9620 NW 3RD STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA, DORCAS E 9620 NW 3RD STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONROY, MARCELA J 320 SW. 9TH TERRACE E. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXIS, JOHN 612 N. 30TH ROAD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor Estrada Pres.* **01/15/04** (954) 322-0231

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

CR2E037B (12/02)