## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N95000000846

**FILED** Jul 27, 2006 8:00 am Secretary of State 07-27-2006 90018 022 \*\*\*\*61.25

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional rive Required   \$8.75 Additional rive Required Required   \$8.75 Additional rive Required   \$8.75 Additional rive Required Requ	1. Entity Nam IGLESIA		TA HISPANA DE	E MIAMI LA	AKES, INC.						
Suite. Apt. #, etc.    Suite. Apt. #, etc.   O5082008   Chg-NP   CR2E037 (4/06)	6250 MIAMI LAKES DR			6250	MIAMI LAKES DR	US		Dini Bash Brin Bash Bani Ari			
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  \$ 8.75 Additional Feb Required  For For Required  For Requ	Principal Place of Business			3. Mail	ing Address						
Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional   \$8.75	Suite, Apt. #, etc.			Sui	te, Apt. #, etc.		05082006 Cr	ng-NP CR2	2E037 (4/06)		
S. Name and Address of Current Registered Agent  CRUZ, REYNER 6625 W 4THT AVE 78 72 N.W. 198 STREET MIAMI, FL. 33015  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable by September 6, 2006  Filling Fee is \$61.25 Due by September 6, 2006  Trus Fund Contribution.  Defend MUNOZ, ERNESTO  MUNOZ, ERNESTO  MUNOZ, ERNESTO  MUNOZ, ERNESTO  MUNOZ, ERNESTO  GUINONEZ, JOSE STREET ADDRESS	City & State			City	y & State			5	h	plied For t Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Zip	Country			o Country		5. Certificate of St				
### TYPE	6. Name and Address of Current Registered Agent					Namo	7. Name and Add	ress of New Register	ed Agent		
Either peers of provide 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 according to registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature	6625 VY 4THT AVE 7872 N.W. 198 STREET #244 MIAMI, FL. 33015										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accident to be obligations of registered agent.    Signature liped or printed enter of registered agent and taken applicable.   INDEE Registered Agent signature required when remealing)   DATE	TIMELAN, TE 33012					City			Zip Code	e	
Trust Fund Contribution.	the obligat	tions of regis	lered agent.					the State of Florida. I a	am familiar with,	and accept	
TITLE							\$5.00 May Be Added to Fees				
MAME   STREET ADDRESS   CITY-ST-ZIP   HIALEAH GARDENS, FL 33016   CITY-ST-ZIP   CITY	10.	OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	NAME STREET ADDRESS	MUNOZ, 8856 NW	112 ST	.016	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE OChange Add Add Add Add Add Add Add Add Add Ad	NAME STREET ADDRESS	D QUINONI 17125 NV	EZ. JOSE V 54 CT		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE	NAME STREET ADDRESS	CRUZ, RI	CBH MANAGEM 12 14 7 8		198 STREE	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY - ST - ZIP         CITY - ST - ZIP           TITLE         Delete         TITLE	NAME STREET ADDRESS	D LABOY, F 546 LAKE	RICHARD ESIDE CIRCLE			NAME STREET ADDRESS	-,-		☐ Change	Addition	
2 2000	NAME STREET ADDRESS				☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information professed on this report or supplemental tenort is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or direct	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET ADDRESS CITY-ST-ZIP			-	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: ERNESTO O. MUÑOZ - PT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

JUL 24 2006 305 321 0393.