


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001727 1. Entity Name IGLESIA CRISTIANA VERBO DE MIAMI, INC.	
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Principal Place of Business 7330 NW 8 ST MIAMI, FL 33126 US	Mailing Address P.O. BOX 520824 MIAMI, FL 33152-0824
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01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0573852	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 1916 SOUTH CENTRAL AVENUE LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA GUARDIA, JOSE 7330 NW 8 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA PENA, WILFREDO 7330 NW 8 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, CARLOS 7330 N.W. 8 ST. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LA GUARDIA, CESAR 411 NW 82 AVE., #1001 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Jose De La Guardia Jose De La Guardia 1-28-05 305-261-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #