


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.



Principal Place of Business
7330 NW 8 ST
MIAMI, FL 33126 US

Mailing Address
P.O. BOX 520824
MIAMI, FL 33152-0824



01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0573852 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
1916 SOUTH CENTRAL AVENUE
LAKELAND, FL 33803

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DE LA GUARDIA, JOSE 7330 NW 8 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA PENNA, 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	

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000000213081
02/03/05-80056-007 61.25

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 #