


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005071 1. Entity Name IGLESIA JESUS EL CAMINO, INC.	
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Principal Place of Business 1778 W. FLAGLER MIAMI, FL 33125	Mailing Address P.O. BOX 440483 MIAMI, FL 33144-0483
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0629545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOA, EDDY M 1042 SW 79TH AVE MIAMI, FL 33144
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000110927 04/12/04-80103-003 66.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOA, EDDY M 13197 SW 11 LN CIR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, PEDRO ELDER 9345 S.W. 7TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOA, CARMEN 13197 SW 11 LN CIR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, JOSE 2736 NW 4 TERR AVENUE MIAMI, FL 33125
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eddy M **4/8/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #