


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90433 035 ****70.00

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|--|--|---|--|--|--|
| DOCUMENT # N95000005071 1. Entity Name IGLESIA JESUS EL CAMINO, INC. | | | |  | |
| Principal Place of Business 6586 SW 33 STREET <i>985 SW 67 AVE</i> MIAMI, FL 33155 <i>MIAMI FL 33144</i> | | | | Mailing Address P.O. BOX 440483 <i>P.O. Box 972972</i> MIAMI, FL 33144-0483 <i>MIAMI FL 33197-2972</i> | |
| 2. Principal Place of Business - No P.O. Box # 985 SW 67th AVE Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 972972 Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 65-0629545 | |
| Zip 33144 | | Country MIA/DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NOA, EDDY M 13473 SW 256 TERRACE HOMESTEAD, FL 33032 | | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD NOA, EDDY M 13473 SW 256 TERRACE HOMESTEAD, FL 33032 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SILVA, PEDRO ELDER 9345 S.W. 7TH ST. MIAMI, FL 33175 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NOA, CARMEN 13473 SW 256 TERRACE HOMESTEAD, FL 33032 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DOMINGUEZ, JOSE 2736 NW 4 TERR AVENUE MIAMI, FL 33125 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Eddy M. Noa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 04/25/2007 <i>305 205-0642</i> <small>Date Daytime Phone #</small> | |