2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004646

FILED Jul 29, 2005 Secretary of State

Entity Name: ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC. **Current Principal Place of Business: New Principal Place of Business:** 1150 NORMANDY DR. RM. 4 1440 JFK CAUSEWAY MIAMI BEACH, FL 33141 321 NORTH BAY VILLAGE, FL 33141 **Current Mailing Address: New Mailing Address:** 1440 JFK CAUSEWAY P.O. BOX 416335 MIAMI BEACH, FL 33141 NORTH BAY VILLAGE, FL 33141 FEI Number: 65-0775314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIGONATI, MARCIA 1413 ST. GABRIELLE LANE 3607 WESTON, FL 33326 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RIGONATI, MARCIA Name: Name: 1413 ST GABRIELLE LANE APT#3607 Address: Address: WESTON, FL 33326 City-St-Zip: City-St-Zip: Title: SD () Delete Title: (X) Change () Addition Name: MEDEIROS, VANESSA Name: MEDEIROS, VANESSA Address: 3720 COLLINS AVE. APT. 217 Address: 8031 ABBOT AVE. APT# 18 City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33141 Title: (X) Delete Title: () Change () Addition FERREIRA, JACKELINE Name: Name: Address: 4596 ALTON RD. Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA RIGONATI PD 07/29/2005