


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000254	
1. Entity Name IGLESIA PRINCIPE DE PAZ LA SENDA ANTIGUA, INC.	

Principal Place of Business 3291 NW 7TH AVE MIAMI, FL 33127 US	Mailing Address 3291 NW 7TH AVE MIAMI, FL 33127 US
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0804821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VEGA, ANTONIA EVA 2375 NW 31ST STREET MIAMI, FL 33142	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 09/01/06-80005-008 61.25 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 6, 2006	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	P VEGA, ANTONIA EVA 2375 NW 31ST STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, EULOGIA S 2375 NW 31ST STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROCCH, PABLO DE JESUS 10011 NW 26TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROCCH, OLGA LIDIA 10011 NW 26TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, OCTAVIO DE JES 1842 NW 35TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, DORA ALICIA 1842 NW 35TH STREET MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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: <u>Antonina E VEGA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____