


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

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 003 ****61.25

DOCUMENT # N97000002408	
1. Entity Name INSTITUTO BIBLICO PAN-AMERICANO ERNEST WILLIAM SELLERS, INC.	

Principal Place of Business 641 W FLAGLER ST MIAMI, FL 33130	Mailing Address 641 W FLAGLER ST MIAMI, FL 33130
--	--

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	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 WINGFEILD, MAGDIEL 655 SW 1 ST MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CECILIO 655 SW 1 ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONDEJAR, JOEL 655 SE 1 ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, MIGUEL A 628 NW 1ST ST MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUEZADA, EVELYN 628 NW 1ST ST MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NOVOA, VERONIKA 655 SW 1 ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/06/06 (305)325-9653
		Date Daytime Phone #