


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90169 040 ****66.25

DOCUMENT # N98000002635

1. Entity Name
IGLESIA CHRISTIANA JESUCRISTO ES REY CORP.



Principal Place of Business Mailing Address
14040 RICHWOOD PLACE 14040 RICHWOOD PLACE
DAVIE FL 33325 DAVIE FL 33325

2. Principal Place of Business 3. Mailing Address
1400 SW. 66 AVE. Suite, Apt. #, etc.

City & State City & State
PARK PINES, FLORIDA Suite, Apt. #, etc.

Zip Country Zip Country
33023 BROWARD

4. FEI Number **65-0833743** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DIAZ, OSVALDO J
14040 RICHWOOD PLACE
DAVIE FL 33325

7. Name and Address of New Registered Agent
Name
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, OSVALDO J	
STREET ADDRESS	14040 RICHWOOD PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, MARIA I	
STREET ADDRESS	14040 RICHWOOD PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALEVADO, MANUEL	
STREET ADDRESS	6724 NW 62ND STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RUBEN	
STREET ADDRESS	7000 NW 24 CORT	
CITY-ST-ZIP	SUNRISE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO MONTOYA	
STREET ADDRESS	8200 N.W. 10 STREET	
CITY-ST-ZIP	PARK PINES, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Osvaldo J. Diaz* **EXPIRED**

3/20/03 954-9641992

CR2E037 (10/02)