


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90300 002 ****61.25

DOCUMENT # N98000003735
1. Entity Name
IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.



Principal Place of Business Mailing Address
~~501-96 STREET BAY HARBOR ISLANDS FL 33154~~ ~~501-96 STREET BAY HARBOR ISLANDS FL 33154~~
Bal Harbour Fl 33154 Bal Harbour Fl 33154

04000000



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0851584** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SANTIAGO, PAULO R
1065 93RD STREET
BAY HARBOR FL 33154
Bay Harbor, Fl. 33154.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	SANTIAGO, PAULO R	
STREET ADDRESS	501-96TH ST	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FRITZ, ROBERT	
STREET ADDRESS	OLGA-ORTIZ	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTIAGO, ANGELA M	
STREET ADDRESS	501 96TH STREET	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olga Ortiz Meru	
STREET ADDRESS	1065 Collins Avenue (200)	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
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		<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: Olga Ortiz Meru Date: April 11-2004 Daytime Phone #: 305-862-9387