

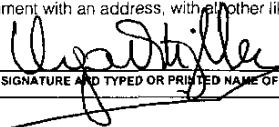


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90085 035 \*\*\*\*61.25

<b>DOCUMENT # N98000003735</b>				
1. Entity Name <b>IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.</b>				
Principal Place of Business <b>501-96 STREET BAL HARBOUR, FL 33154</b>		Mailing Address <b>501-96 STREET BAL HARBOUR, FL 33154</b>		
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 <b>65-0851584</b> Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>SANTIAGO, PAULO R 1065 93RD STREET BAY HARBOR, FL 33154</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent				01202006 Chg-NP CR2E037 (11/05)
Name <b>OLGA ORTIZ</b>				
Street Address (P.O. Box Number is Not Acceptable) <b>290 Bal Boy Drive # 205</b>				
City <b>BAL HARBOUR FL</b> Zip Code <b>33154</b>				
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: _____				
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, PAULO R		NAME	
STREET ADDRESS	501-96TH ST		STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERA, OLGA ORTIZ		NAME	NERA OLGA ORTIZ
STREET ADDRESS	10185 COLLINS AVE		STREET ADDRESS	290 Bal Boy Drive # 205
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, ANGELA M		NAME	
STREET ADDRESS	501 96TH STREET		STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALVARO DE SA
STREET ADDRESS			STREET ADDRESS	1966 NE 123 ST # 313
CITY-ST-ZIP			CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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 other like empowered.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
			Date	Daytime Phone #

40020140

