

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-27-2006 90078 009 ****61.25

DOCUMENT # N98000005294

1. Entity Name

JESUS AMOR ETERNO, INC.



Principal Place of Business

1280 S.W. 1 ST.
MIAMI FL 33135

Mailing Address

1280 S.W. 1 ST.
MIAMI FL 33135



2. Principal Place of Business

1280 SW 1 ST

Suite, Apt. #, etc.

#7

City & State

MIAMI, FL

Zip

33135

Country

U.S.A

3. Mailing Address

1280 SW 1 ST

Suite, Apt. #, etc.

#7

City & State

MIAMI, FL

Zip

33135

Country

U.S.A

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0863472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINCLER, ADRIAN
1280 S.W. 1 ST.
MIAMI FL 33135

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete
NAME SINCLER, ADRIAN
STREET ADDRESS 1280 S.W. 1 ST.
CITY-ST-ZIP MIAMI FL 33135

TITLE D ☐ Delete
NAME PEDEEN, THOMAS
STREET ADDRESS 1280 S.W. 1 ST.
CITY-ST-ZIP MIAMI FL 33135

TITLE D ☐ Delete
NAME SINCLER, JHERYL
STREET ADDRESS 1280 SW 1 ST
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE: *[Signature]* ADRIAN SINCLER 2-14-06 (786) 234-3401