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

DOCUMENT # N99000002109

STREET ADORESS

CITY-ST-ZIP



FILED Apr 17, 2006 8:00 am Secretary of State

CONGRE	EGACION MESIANICA HAR	HA'BAYIT, INC.				14-1 /-2006	903//0	28 *****6	01.25
600 W. OAK RIDGE RD., SUITE 2		Mailing Address 600 W. OAK RIDGE RD ORLANDO, FL 32809	600 W. OAK RIDGE RD., SUITE 2		91	JUV A			
2. Principal F	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04122006 C	hg-NP	CR2E03	7 (11/05)	
City & State		City & State	City & State		4. FEI Number 59-351950)2			oplied For ot Applicable
Zip Country		Zip	Country	,	5. Certificate of St	atus Desired		\$8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent	1		7. Name and Add	Ireas of New R		 	
REILLO, F	OCE -	•	N	ame					
1316 MILL KISSIMME		Street Address (P.O. Box Number is	Not Acceptable)	~~		
			C	ity			FL	Zip Cod	е
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered o	ffice or registe	red agent, or both, in	the State of Flo	orida. 1 am f	amiliar with,	and accept
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SIGNATURE									
diamen one	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered Age	ut adherne sedme	d when reinstating)		DATE	•	
· ·	Square, typed or printed name of registered agant a	9. Election Ca	mpaign Finan	cing _	\$5.00 May Be	!	ake check	payable to	
· .	Signature, typed or printed name of registered agont at Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Cal Trust Fund (mpaign Finan Contribution.	ncing	\$5.00 May Be Added to Fees	Flori	ake check Ida Depart	ment of S	tate
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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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE: Land Bury Raguel Burgos Rivera 4/12/06 407-858-04X3
SIGNATURE: Date Description Make OF BESIDEN OFFICER OR DIRECTOR

Date Date Description of Des