


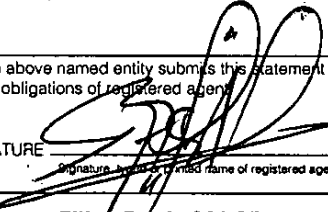
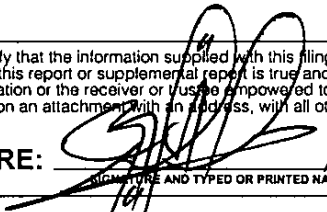
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90336 046 ****70.00

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DOCUMENT # N99000003190					
1. Entity Name IGLESIA CRISTIANA JOSUE, INC.					
Principal Place of Business 1490 NW FLAMINGO ROAD PLANTATION, FL 33323		Mailing Address PO BOX 450273 SUNRISE, FL 33345-0273			
8326-8328 W OAKLAND PARK BLVD					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. SUNRISE, FL		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33351	Country USA	Zip	Country	4. FEI Number 65-0931147	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
CALLES, RICARDO 3541 NW 95TH TERR #201 SUNRISE, FL 33351		7. Name and Address of New Registered Agent			
3050 LA MIRAGE DR LAUDERHILL, FL 33319		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 		RICARDO CALLES		4/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCE, MARTHA		NAME		
STREET ADDRESS	P O BOX 450273		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33345		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTRO, ROSA		NAME		
STREET ADDRESS	P O BOX 450273		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33345		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTRO, ROSA		NAME		
STREET ADDRESS	P O BOX 450273		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33345		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEPAZ, FERNANDO I		NAME		
STREET ADDRESS	P O BOX 450273		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33345		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		
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 all other like empowered.					
SIGNATURE: 		RICARDO CALLES		4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	