


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90419 025 \*\*\*150.00

<b>DOCUMENT # P02000086454</b>	
1. Entity Name <b>CENTRO DE ESTUDIOS TEOLOGICOS LA GRAN COMISION, INC.</b>	

Principal Place of Business <b>5631 S.W. 139 PLACE MIAMI, FL 33183</b>	Mailing Address <b>5631 S.W. 139 PLACE MIAMI, FL 33183</b>
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2. Principal Place of Business <b>10006 SW 26 Terrace</b> Suite, Apt. #, etc.	3. Mailing Address <b>10006 SW 26 Terrace</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33165</b>	Zip <b>33165</b>
Country <b>USA</b>	Country <b>USA</b>



04132006 Chg-P CR2E034 (11/05)

4. FEI Number <b>11-3718549</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ORAMA, GREGORIO 5631 S.W. 139 PLACE MIAMI, FL 33183</b>	7. Name and Address of New Registered Agent Name <b>GREGORIO ORAMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10006 SW 26 Terrace</b> City <b>MIAMI</b> FL Zip Code <b>33165</b>
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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  DATE **4/13/06**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ORAMA, GREGORIO</b> <b>5631 S.W. 139 PLACE</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <b>ORAMA, GREGORIO</b> <b>10006 SW 26 Terrace</b> <b>MIAMI, FL 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:  DATE **4/13/06** 786.286.1158  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR