2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756458

FILED Mar 20, 2009 Secretary of State

Entity Name: IGLESIA BAUTISTA ESTRELLA DE BELEN, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
510 E 41S HIALEAH,	ST ST FL 33013				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
510 E 41S HIALEAH,	ST ST FL 33013				
El Number	r: 59-2346439	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
RAYVIS,M 321 SW 6 MIAMI, FL	9TH COURT				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
itle: lame: ddress: city-St-Zip:	PD () SOTOLONGO, J 9999 NW 129 TI HIALEAH GARD	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: .ddress: city-St-Zip:	SD () GONZALEZ, MA 20441 NW 44TH CAROL CITY, F	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
ïtle: lame: .ddress:	TD () USEDA JOSE, 7011 WEST 29 HIALEAH, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:		Delete	Title:	() Change () Addition	
	D () GONZALEZ, JO 701 EAST 21 ST HIALEAH, FL 33	REET	Name: Address: City-St-Zip:	() Shange () Addition	
city-St-Zip: itle: lame: address:	GONZALEZ, JO 701 EAST 21 ST HIALEAH, FL 33	EL TREET 8013 Delete ZMIN VE	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER SOTOLONGO PD 03/20/2009