

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007604

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: CENTRO BIBLICO PUERTAS DE SION INC.

**Current Principal Place of Business:**

4450 NW 135 STREET  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5433  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 03-0450613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, ANDRES  
775 HAREM AVE  
OPA- LOCKA, FL 33054      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MARTINEZ, ANDRES  
Address: 4450 NW 135 STREET  
City-St-Zip: MIAMI, FL 33054

Title: V      ( ) Delete  
Name: MARTINEZ, BETSAIDA  
Address: 4450 NW 135 STREET  
City-St-Zip: MIAMI, FL 33054

Title: STD      ( ) Delete  
Name: CORUJO, MAURA  
Address: 4450 NW 135 STREET  
City-St-Zip: MIAMI, FL 33054

Title: D      ( ) Delete  
Name: MARTINEZ, RUTH  
Address: 4450 NW 135 STREET  
City-St-Zip: MIAMI, FL 33054

Title: D      ( ) Delete  
Name: RAMIREZ, ADA  
Address: 4450 NW 135 STREET  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDRES MARTINEZ

P

04/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date