2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007604

Entity Name: CENTRO BIBLICO PUERTAS DE SION INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4450 NW 1 MIAMI, FL	135 STREET 33054						
Current Mailing Address:				New Mailing Address:			
P.O. BOX (HIALEAH,							
FEI Number:	03-0450613	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Des	ired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	New Registered Agent	::
MARTINEZ, ANDRES 775 HAREM AVE OPA- LOCKA, FL 33054 US				MARTINEZ, ANDRES DR 4450 NW 135 STREET OPA- LOCKA, FL 33054 US			
	named entity of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered c	office or registered ager	it, or both,
SIGNATURE: DR. ANDRES MARTINEZ				04/30/2008			
	Electror	nic Signature of Registered Age	ent			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND D	DIRECTORS:
Title: Name: Address: City-St-Zip:	P () MARTINEZ, AN 4450 NW 135 S MIAMI, FL 330	STREET		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (MARTINEZ, BE 4450 NW 135 S MIAMI, FL 330	STREET		Title: Name: Address: City-St-Zip:	VP (X MARTINEZ, BE 4450 NW 135 S MIAMI, FL 330	STREET	
Title: Name: Address: City-St-Zip:	STD (CORUJO, MAU 4450 NW 135 S MIAMI, FL 330	STREET		Title: Name: Address: City-St-Zip:	STD (X ZOILA, SANCH 4450 NW 135 S MIAMI, FL 330	STREET	
Title: Name: Address: City-St-Zip:	D (MARTINEZ, RU 4450 NW 135 S MIAMI, FL 330	STREET		Title: Name: Address: City-St-Zip:	D (X LORENA, SILV 4450 NW 135 S MIAMI, FL 330	STREET	
Title: Name: Address: City-St-Zip:	D (RAMIREZ, ADA 4450 NW 135 S MIAMI, FL 330	STREET		Title: Name: Address: City-St-Zip:	D (X INGRID, LOPE 4450 NW 135 S MIAMI, FL 330	STREET	
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D () JAIRO, SERRA 4450 NW 135 S MIAMI, FL 330	STREET	

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: DR. ANDRES MARTINEZ P 04/30/2008