

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# N08000008154

Entity Name: IGLESIA VIDA, INC.

**Current Principal Place of Business:**

9737 NW 41ST STREET  
SUITE 489  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41ST STREET  
SUITE 489  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 26-3314363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEL VALLE, JUAN C  
6864 NW 109TH AVENUE  
DORAL, FL 33178 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: D ( ) Delete  
Name: MCDONNOUGH, JANE  
Address: 27631 PINE PINT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: ALVAREZ, ERNESTO  
Address: 2485 W. 76TH STREET #210  
City-St-Zip: HIALEAH, FL 33016

Title: D ( ) Delete  
Name: SANCHEZ-VAHAMONDE, ARTURO  
Address: 4477 NW 93RD STREET  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: SIMONIC, NICHOLAS T  
Address: 8750 PERIMETER PARK BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: DEL VALLE, JUAN C  
Address: 6864 NW 109TH AVENUE  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: DEL VALLE, KIM  
Address: 6864 NW 109TH AVENUE  
City-St-Zip: DORAL, FL 33178

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

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

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

Title: D (X) Change ( ) Addition  
Name: TORRES, MARIO  
Address: 2811 NW 5TH ST.  
City-St-Zip: MIAMI, FL 33125

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

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

Title: DVPS (X) Change ( ) Addition  
Name: DEL VALLE, KIM  
Address: 6864 NW 109TH AVENUE  
City-St-Zip: DORAL, FL 33178

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: KIM DEL VALLE

DVPS

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date