


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005293 1. Entity Name PRIMERA IGLESIA DEFENSORES DE LA FE ROCA DIVINA, INC.	
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Principal Place of Business 2021 E SKAGWAY AVE TAMPA, FL 33604 US	Mailing Address 2021 E. SKAGWAY AVE. TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3213030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOSSAS, RAMON
2021 E. SKAGWAY AVE.
TAMPA, FL 33604**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000726139 05/03/07-80049-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOSSAS, RAMON 8906 N. 39TH ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOSSAS-FLORES, JANETTE 14301 PROMONTORY PT. PL. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLY, ANDRES 4528 W. LAMBRIGHT ST. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Andres A. Poly* **Andres A. Poly** *4/18/2007* **813-818-5493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #