


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State


DOCUMENT # N93000005293
 1. Entity Name
 PRIMERA IGLESIA DEFENSORES DE LA FE ROCA DIVINA, INC.



Principal Place of Business
 2021 E SKAGWAY AVE
 TAMPA, FL 33604 US

Mailing Address
 2021 E. SKAGWAY AVE.
 TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3213030	Applied For 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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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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	

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 05/13/08-80037-017 61.25

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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 employment.

SIGNATURE: *Andres A. Poly* *Andres A. Poly* 4/21/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR