

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003700

FILED
Oct 20, 2004
Secretary of State**Entity Name:** IGLESIA CRISTO OMNIPOTENTE A.G. CORP.**Current Principal Place of Business:**14710 W. DIXIE HWY
NORTH MIAMI, FL 33180**New Principal Place of Business:****Current Mailing Address:**6770 EVANS STREET
HOLLYWOOD, FL 33024**New Mailing Address:****FEI Number:** 65-0602498**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CABALLERO, VICTOR
6770 EVANS STREET
HOLLYWOOD, FL 33024 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:** PD () Delete
Name: CABALLERO, VICTOR
Address: 6770 EVANS STREET
City-St-Zip: HOLLYWOOD, FL 33024**Title:** VP () Delete
Name: NIELENDEZ, A. DANIEL
Address: 1523 NE 143 ST
City-St-Zip: N. MIAMI, FL 33161**Title:** SD () Delete
Name: RODRIGUEZ, ANDREA
Address: 7625 ALHAMBRA BLVD.
City-St-Zip: MIRAMAR, FL 33023**Title:** TD () Delete
Name: BRYANT, CARMAN
Address: 14637 NE 14 AVE
City-St-Zip: NORTH MIAMI, FL 33161**Title:** D () Delete
Name: BEATRIZ, CASADO A
Address: 1780 NE 191 ST., #412-2C
City-St-Zip: NORTH MIAMI BEACH, FL 33170**Title:** D () Delete
Name: ROLON, LAURA
Address: 350 NE 141 STREET #319
City-St-Zip: N. MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
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City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR CABALLERO

PD

10/20/2004

Electronic Signature of Signing Officer or Director_____
Date