2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007604

Entity Name: CENTRO BIBLICO PUERTAS DE SION INC.

FILED
Apr 29, 2018
Secretary of State
CC3960508219

Current Principal Place of Business:

16359 NW 57 AVENIDA MIAMI GARDENS, FL 33014

Current Mailing Address:

16359 NW 57 AVENIDA

MIAMI GARDENS. FL 33014 US

FEI Number: 03-0450613 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ANDRES DR 16359 NW 57 AVENIDA MIAMI GARDENS, FL 33014 US

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

Officer/Director Detail:

Title	P	Title	VP

NameMARTINEZ, ANDRESNameDE JESUS, RICHARDAddress16359 NW 57 AVENIDAAddress16359 NW 57 AVENIDACity-State-Zip:MIAMI GARDENS FL 33014City-State-Zip:MIAMI GARDENS FL 33014

Title SECRETARY/TREASURER Title D

NameDE JESUS, DAISY MARELYNameRODRIGUEZ, ANAAddress16359 NW 57 AVENIDAAddress16359 NW 57 AVENIDACity-State-Zip:MIAMI GARDENS FL 33014City-State-Zip:MIAMI GARDENS FL 33014

TitleDIRECTORTitleDIRECTORNameLOPEZ, INGRISNameRAJO, SAUL

Address 16359 NW 57 AVENIDA Address 16359 NW 57 AVENIDA

City-State-Zip: MIAMI GARDENS FL 33014 City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR Title DIRECTOR

Name MACIAS, MIRELLA Name MARTINEZ, ANDREINA S

Address 16359 NW 57 AVENIDA Address 16359 NW 57 AVENIDA

City-State-Zip: MIAMI GARDENS FL 33014 City-State-Zip: MIAMI GARDENS FL 33014

I hereby 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 all other like empowered.

SIGNATURE: ANDRES MARTINEZ PRESIDENT 04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date