2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 08, 2007 Secretary of State **DOCUMENT#725394**

Entity Name: IGLESIA BETANIA ASAMBLEAS DE DIOS DE MIAMI INC.

New Principal Place of Business: Current Principal Place of Business:

10300 N.W. 36TH PL MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

P.O. BOX 126217 HIALEAH, FL 33012

FEI Number: 65-0371845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARCIA, RUBEN 10300 N.W. 36TH PL MIAMI, FL 33147

OFFICERS AND DIRECTORS:

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

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

GARCIA, RUBEN Name: Name: Address: 10300 NW 36 PL Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip:

Title: SD () Delete Title: TD (X) Change () Addition

Name: CASTILLO, CESAR Name: CRUZ, CLOTILDE Address: 6485 W 24 AVE APT # 504 Address: 1250 NE 206 ST City-St-Zip: HIALEAH GARDENS, FL 33016 City-St-Zip: NORTH MIAMI, FL 33179

Title: () Delete Title: (X) Change () Addition

CRUZ, CLOTILDE ROLDAN, ALEXANDER Name: Name: Address: 1250 NE 206 ST Address: 1172 NE 160TH, STREET City-St-Zip: NORTH MIAMI, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: (X) Delete Title: () Change () Addition

Name: ROLDAN, ALEXANDER Name: Address: 1172 NE 160TH. STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

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: GARCIA, RUBEN PD 10/08/2007