2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 14, 2009 **DOCUMENT#725394** Secretary of State

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

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

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

Current Mailing Address: New Mailing Address:

P.O. BOX 126217

HIALEAH, FL 33012 US

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 ACOSTA, EFRAIN L 3081 TAFT ST. APT 416 10300 N.W. 36TH PL MIAMI, FL 33147 HOLLYWOOD, FL 33021 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: EFRAIN L. ACOSTA 09/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GARCIA, RUBEN ACOSTA, EFRAIN L Name: Name: 10300 NW 36 PL Address: 3081 TAFT ST. APT 416 Address: City-St-Zip: MIAMI, FL 33147 US City-St-Zip: HOLLYWOOD, FL 33021 US

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

Name: GARCIA, DORKA Name: Address: 442 EAST 18 ST Address: City-St-Zip: HAILEAH, FL 33O13 US City-St-Zip:

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

CARDONA, OLIVIA Name: Name: 1275 NW 122ND. ST. Address: Address: City-St-Zip: NORTH MIAMI, FL 33167 US City-St-Zip:

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

FERNANDEZ, ALEXEI Name: Name: Address: 3603 NW 106 ST Address: City-St-Zip: MIAMI, FL 33147 US 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: EFRAIN L. ACOSTA PD 09/14/2009