

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 22, 2007
Secretary of State

DOCUMENT# N00000000946

Entity Name: IGLESIA DE JESUCRISTO-PUERTA DEL CIELO, INC.

Current Principal Place of Business:

12275 NW 97 COURT
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

12275 NW 97 COURT
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 65-0990454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ELIEZER PASTOR
12275 NW 97 COURT
HIALEAH GARDENS, FL 33018 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: RAMIREZ, ELIEXER PASTOR
Address: 12275 NW 97TH CT
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD () Delete
Name: FAURE, GRETISZ
Address: 9811 W OKEECHOBEE RD #108
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VD () Delete
Name: RICO, SOLANGEL
Address: 12275 NW 97 CT
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T () Delete
Name: GIL, HIGINIO
Address: 18145 NW 84 AVE
City-St-Zip: MIAMI FL, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ELIEXER RAMIREZ

PD

11/22/2007

Electronic Signature of Signing Officer or Director

Date