

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001402

FILED
Apr 22, 2007
Secretary of State

Entity Name: IGLESIA CRISTIANA, LA VINA DEL ESPIRITU SANTO, INC.

Current Principal Place of Business:

14201 SW 57 LN
UNIT # 2
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940188
MIAMI, FL 33194

New Mailing Address:

FEI Number: 65-0995113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAZAR, DAISY
14201 SW 57TH LN #2
MIAMI, FL 33183 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: D () Delete
Name: AVILA, RAFAEL
Address: 4825 SW 148 PL
City-St-Zip: MIAMI, FL 33185

Title: DP () Delete
Name: SALAZAR, LUIS F PASTOR
Address: 14201 S.W. 57TH LANE UNIT 2
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: GOMEZ, RAFAEL PASTOR
Address: 10773 NW 58 ST # 271
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: AVILA, TERRA
Address: 4825 SW 148 PL
City-St-Zip: MIAMI, FL 33185

Title: S () Delete
Name: SALAZAR, DAISY H
Address: 14201 SW 57 LN #2
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: DAISY H. SALAZAR

S

04/22/2007

Electronic Signature of Signing Officer or Director

Date