2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N00000002434

Entity Name: IGLESIA DE RESTAURACION "EL MONTE DE LOS OLIVOS" INC.

Current Principal Place of Business:

6295 LAKE WORTH RD
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 540984
GREENACRES, FL 33454 US

New Mailing Address:

FEI Number: 65-1003347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, HUGO ISMAD
6576 CONSTANCE ST
LAKE WORTH, FL 33467 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: T ( ) Delete
Name: ESCOBAR, INGRID C
Address: 518 49TH ST
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: DS ( ) Delete
Name: MATEO, ANDREZ
Address: 5090 PALM HILL, #200
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: PD ( ) Delete
Name: HERNANDEZ, HUGO I
Address: 6576 CONSTANCE ST
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DS ( ) Delete
Name: HERRERA, OMER
Address: 25 MARMAC DR
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: FRANCISCO, PASCUAL
Address: 915 SOUTH L ST
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ESCOBAR, INGRID C
Address: 2819 ALABAMA ST
City-St-Zip: WEST PALM BEACH, FL 334062824 US

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: INGRID ESCOBAR T 04/02/2008

Electronic Signature of Signing Officer or Director — Date