

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N00000006833**

**1. Entity Name**

**IGLESIA JESUCRISTO EL VENCEDOR INC.**



**Principal Place of Business**

**1212 NW 82 AVE  
MIAMI, FL 33126**

**Mailing Address**

**PO BOX 441250  
MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**



**01092007 No Chg-NP**

**CR2E037 (4/06)**

**4. FEI Number**

**65-1135718**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POLA, IVETTE  
8716 SW 5TH TERR  
MIAMI, FL 33174**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**000000616790  
02/07/07-80044-004 70.00**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**PD  
ARIAS, JORGE E  
7161 SW 7TH STREET  
MIAMI, FL 33144**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**VD  
ARIAS, ULISES  
7161 SW 7TH STREET  
MIAMI, FL 33144**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TD  
PEREZ, JORGE L D.O.  
2623 SW 143RD AVE  
MIAMI, FL 33175**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**SD  
POLA, IVETTE  
8716 SW 5TH TERR  
MIAMI, FL 33174**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/26/07**

Date

**305-265-1382**

Daytime Phone #