

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 31, 2007
Secretary of State**

DOCUMENT# N00000008100

Entity Name: IGLESIA EVANGELICA PENTECOSTAL DE MIAMI INCORPORATION**Current Principal Place of Business:**27 SW 19 AVENUE
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**27 SW 19 AVENUE
MIAMI, FL 33135**New Mailing Address:**

FEI Number: 65-1061033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MAYORGA, DOUGLAS J
1414 NW 107TH AVE #309
MIAMI, FL 33172 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: P (X) Delete
Name: FEEBLES, EDITH A
Address: 9001 S.W. 77 AVE. APT. C809
City-St-Zip: MIAMI, FL 33156Title: VPD () Delete
Name: LEIVA, EDUARDO
Address: 27 SW 19 AVE
City-St-Zip: MIAMI BEACH, FL 33139Title: SD () Delete
Name: MENDOZA, OSCAR
Address: 21112 N.E. 5TH COURT
City-St-Zip: NORTH MIAMI, FL 33179Title: TD () Delete
Name: FIGUEROA, TERESA D
Address: 1666 WEST AVE #507
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: LEIVA, EDUARDO
Address: 27 SW 19 AVE
City-St-Zip: MIAMI BEACH, FL 33139Title: () 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: EDITH A. FEBLES

P

05/31/2007

Electronic Signature of Signing Officer or Director_____
Date