

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N01000003205</b><br>1. Entity Name<br><b>PENTECOSTAL CHURCH CRISTO LIBERTA AL CAUTIVO (M.E.I.) INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |
| Principal Place of Business<br><b>578 E 4TH AVE<br/>HIALEAH FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Mailing Address<br><b>578 E 4TH AVE<br/>HIALEAH FL 33010</b>                     |                                                              |                                                                                                                                                                                |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                              |                                                                                                                                                                                |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | City & State                                                                     |                                                              | 4. FEI Number<br><b>65-1131995</b>                                                                                                                                             |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Country                                                                          |                                                              | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>MONTERO, JORGE C<br/>578 E 4TH AVE<br/>HIALEAH FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                  |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code       </span> |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00</b> May Be Added to Fees                                                                                                                                             |                                                                   |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>MONTERO, JORGE C<br>300 W 74 PL #314<br>HIALEAH FL 33014        | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | U00000628486<br>02/16/07-80017-003 8.75                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VPD<br>MONTERO, IVONNE<br>300 W 74 PL #314<br>HIALEAH FL 33014        | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | U00000628486<br>02/16/07-80017-004 61.25                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD<br>REYES, MARIA N<br>6877 NW 179 ST # 304<br>MIAMI FL 33015        | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TD<br>ORTEGA, ELENA<br>18255 NW 73RD AVE # 107<br>HIALEAH FL 33015    | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D<br>HERNANDEZ, EMELINA<br>6070 WEST 18 AVE # 205<br>HIALEAH FL 33012 | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete                                                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 139, 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. |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |
| <b>SIGNATURE:</b> <u>Jorge Montero</u> <span style="float: right;"><b>(305) 828-6530</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                  |                                                              |                                                                                                                                                                                |                                                                   |