2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006591

FILED Apr 28, 2008 Secretary of State

Entity Name: IGLESIA CRISTIAN LAS PISADAS DEL MAESTRO, INC. **Current Principal Place of Business: New Principal Place of Business:** 3400 74TH AVE N. PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** 3400 74TH AVE N. PINELLAS PARK, FL 33781 FEI Number: 59-3742142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMOS, VICTOR M 7081 43RD ST N PINELLAS PARK, FL 33781 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CABAN, VICTOR RAMOS, VICTOR M Name: Name: 9805 LILY ST Address: 7081 43RD ST N. Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33781 Title: () Delete Title: (X) Change () Addition Name: COSME, ROBERTO Name: RUIZ, JOSE L Address: 1411 39TH AVENUE Address: 6181 107 AVENUE N. City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: PINELLAS PARK, FL 33782 Title: () Delete Title: () Change (X) Addition COSME, ROBERTO Name: Name: 4991 SPRINGWOOD CT Address: Address: City-St-Zip: City-St-Zip: PINELLAS PARK, FL 33782 Title: () Delete Title: () Change (X) Addition Name: Name: SPRING, ASHLEY 7496 1ST STREET NORTH Address: Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33710

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: VICTOR M RAMOS P 04/28/2008