

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006936

FILED
Apr 12, 2005
Secretary of State

Entity Name: IGLESIA PLENITUD DE VIDA, INC.

Current Principal Place of Business:

8619 N 40TH ST
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 291485
TAMPA, FL 336871485

New Mailing Address:

FEI Number: 65-1083217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUELLO, RAMON
1082 N. JACELYN ST
TAMPA, FL 33612 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: D () Delete
Name: CUELLO, RAMON
Address: 10802 N. JACELYN ST
City-St-Zip: TAMPA, FL 33612

Title: PD () Delete
Name: MOTA, ISABEL
Address: 1338 FLAXWOOD AVE
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: CUELLO, LUIS A
Address: 4299 E SEWAHA ST, APT 11
City-St-Zip: TAMPA, FL 33617

Title: SD () Delete
Name: CUELLO, BEMARLIE
Address: 10802 N. JACELYN ST
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: PADILLA, LUIS A
Address: 14926 PINECREST RD.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: CUELLO, LEILANI
Address: 4299 E SEWAHA ST APT 11
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 for the exemption stated in Section 119.07(3)(i), 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: LUIS PADILLA

MR

04/12/2005

Electronic Signature of Signing Officer or Director

Date