2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# N01000006936

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	(X) Delete
Name:	CUELLO, LUIS A	
Address:	4299 E SEWAHA ST, APT 11	
City-St-Zip:	TAMPA, FL 33617	
Title:	SD	(X) Delete
Name:	CUELLO, BEMARLIE	
Address:	10802 N. JACELYN ST	
City-St-Zip:	TAMPA, FL 33612	
Title:	TD	( ) Delete
Name:	PADILLA, LUIS A	
Address:	8112 N ELMER ST	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	(X) 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 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: LUIS A PADILLA TD 03/01/2008

Electronic Signature of Signing Officer or Director — Date