

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007604

FILED
Apr 27, 2009
Secretary of State

Entity Name: CENTRO BIBLICO PUERTAS DE SION INC.

Current Principal Place of Business:

4450 NW 135 STREET
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5433
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 03-0450613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ANDRES DR
4450 NW 135 STREET
OPA- LOCKA, FL 33054 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 () Delete
Name: MARTINEZ, ANDRES
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

Title: VP () Delete
Name: MARTINEZ, BETSAIDA
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

Title: STD () Delete
Name: ZOILA, SANCHEZ
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: LORENA, SILVERS
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: INGRID, LOPEZ
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: JAIRO, SERRANO
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: AQUILINA, CASTILLO
Address: 4450 NW 135 STREET
City-St-Zip: MIAMI, FL 33054

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: BETSAIDA MARTINEZ

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date