2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State

05-07-2004 90117 016 ****61 25

DOCUN 1. Entity Name	MENT # N02000001	1666		05-07-2004 9011 / 016 ****61.25
HOUSE C	F GOD AND GATE OF HE	AVEN INSTITUTE,	INC	
21040 SW 121ST AVENUE 210		Mailing Address 21040 SW 121ST AVE MIAMI, FL 33177	ENUE US	
•	lace of Business F God 4 Sate d Hesse	3. Mailing Address	21 Are.	
Suite Apt. : 21040	SW RI Are	Suite, Apt. #, etc.		03022004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number
3317	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
LIBERATO, RAQUEL 21040 SW 121ST AVENUE			Street Addr	ess (P.O. Box Number is Not Acceptable)
IIAMI, FL				
		•	City	FL Zip Code
. The above	named entity submits this statement for	or the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
IGNATURE 2	Signature, typic or primed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca	TE: Registered Agent signature re ampaign Financing Contribution.	\$5.00 May Be Added to Fees Florida Department of State
D	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TLE AME IREET ADDRESS TY-ST-ZIP	P LIBERATO, RAQUEL 21040 SW 121ST AVENUE MIAMI, FL 33177	□ Delete	STREET ADDRESS 2	iberato, Raquel Change Addition
TLE AME Treet address ITY-ST-ZIP	D RAMIREZ, EDUARDO C 21040 S.W. 121 AVENUE MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS	
TLE AME TREET ADDRESS	T CANAAN, YAMIL 7542 S.W. 157 PLACE MIAMI, FL 33177	_ Delete _	NAME STREET ADDRESS 7	andan, yamil Change Addition
TLE AME TREET ADDRESS TY-ST-ZIP	T CANAAN, SOFIA 7542 S.W. 157 PLACE MIAMI, FL 33177	☐ Delete	TITLE T NAME STREET ADDRESS OUT STATE	eandan Sofia Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Additio
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	410M1, F) 33111 ☐ Change ☐ Additio
TLE AME FREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
2. I hereby of indicated of the conchanged,	poration or the receiver or trustee emo or on an attachment with an address.	n this filing does not qualify f s true and accurate and that bwered to execute this repon with all other like empowered	or the exemption stated my signature shall have that as required by Chapted.	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the same legal effect as if made under oath; that I am an officer or director or 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if