NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NU200004769 FILED I Glessa de Dios Pentacostal frante de vida. Corp. 05 MAY 10 AH 10: 24 SECNLIAISSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2807 29th Ave Bradenton FL, USA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State B radenton 76-070 1054 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired A 2.U AZL 34208 7. Name and Address of Current Registered Agent ELIas (coronado DO_NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. 02- 24-0s applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Initial or Amended UBR Added to Fees OFFICERS AND DIRECTORS 10. President TITLE TITLE Ellas Coronado lopez NAME NAME 714 SGM KVE E STREET ADORESS STREET ADDRESS CITY-ST-ZIP radeuton FL 34203 CITY-ST-ZIP CIECUSCAD, MAY 1 9 7005 TITLE TITLE philoc NAME NAME 900054914609 05/20/05--01038--006 **306.25 4 56th trace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34203 TITLE TITLE NAME 3111 21 stat Ras STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Like aux f

02-24-05

(941) 755-1218

CR2E037B (12/02)