

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005440**

1. Entity Name

IGLESIA BAUTISTA ADONAI, INC.



Principal Place of Business

11924 SW 8TH ST.  
MIAMI, FL 33184

Mailing Address

11924 SW 8TH ST.  
MIAMI, FL 33184



01292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0477914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBAINAS, MOISES  
820 SW 105 AVE  
APT 610  
MIAMI, FL 33174

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IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROBAINAS, MOISES  
STREET ADDRESS 820 SW 105 AVE APT: 610  
CITY-ST-ZIP MIAMI, FL 33174

TITLE TD  
NAME PEREZ, FELIX  
STREET ADDRESS 9250 SW 42ND TERRACE  
CITY-ST-ZIP MIAMI, FL 33165

TITLE VD  
NAME ROBAINAS, GUILLERMINA  
STREET ADDRESS 820 SW 105 AVE APT: 610  
CITY-ST-ZIP MIAMI, FL 33174

TITLE SD  
NAME AQUILAR, LIDIA  
STREET ADDRESS 17832 SW 154 CL.  
CITY-ST-ZIP MIAMI, FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000820484  
02/18/08-80030-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/08(305)223-1476

Date

Daytime Phone #