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Secretary of State
03-04-2005 90094 030 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008719

1. Entity Name
IGLESIA PENTECOSTAL JESUS EL DIOS DE ABRAHAM, INC.

50022571

Principal Place of Business	Mailing Address
454 NW 22ND AVE. #208 MIAMI, FL 33133	454 NW 22ND AVE. #208 MIAMI, FL 33133

02222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
454 N.W. 22 ave	454 N.W. 22 ave.
Suite, Apt. #, etc. #208	Suite, Apt. #, etc. #208.
City & State miami, fla	City & State miami, fla.
Zip 33133 Country E.U.	Zip 33133 Country E.U.

4. FEI Number 20-0012681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PELLON, HUGO A~~ 454 NW 22 AVE #208 MIAMI, FL 33183	Name Hugo Pellon Street Address (P.O. Box Number is Not Acceptable) same 3544 N.W. 12 st. City miami, fla FL Zip Code 33125

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 Hugo A. Pellon 2-28-05.
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, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLON, HUGO A 3544 NW 12 STREET MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELLON, MARIA B 3544 NW 12 STREET MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugo Alejandro Pellon 2-28-05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #