2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State
05-17-2006 90017 007 ****61.25

DOCUMENT # N02000008719

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

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

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 USA.	Zip 33133 Country USA.

04272006 Chg-NP CR2E037 (11/05)

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
PELLON, HUGO A
3544 NW 12 ST
MIAMI, FL 33125

7. Name and Address of New Registered Agent
Name Hugo A. Pellon.
Street Address (P.O. Box Number is Not Acceptable) 454 N.W. 22 ave.
miami,
City fla, FL Zip Code 33133

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 Rev. Hugo A. Pellon. 5-11-06.
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, 2006

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 same.	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 same.	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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 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: Rev. Hugo A. Pellon.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #