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Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90045 019 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008719

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

4001[illegible]

Principal Place of Business	Mailing Address
2920 N.W. 50TH ST MIAMI, FL 33142	2920 N.W. 50TH ST MIAMI, FL 33142

04042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 2920 N.W. 50th St	3. Mailing Address 2920 N.W. 50th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI	City & State Miami
Zip Fl Country 33142	Zip Fl Country 33142

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
2920 N.W. 50TH STREET
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name Jesus El Dios De Abraham
Street Address (P.O. Box Number is Not Acceptable) 2920 N.W. 50 St
City MIAMI, Fla 33142 FL 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.

SIGNATURE Rev. Hugo A. Pellon.
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PELLON, HUGO A	
STREET ADDRESS	2920 N.W. 50TH ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	☐ Delete
NAME	PELLON, MARIA B	
STREET ADDRESS	2920 N.W. 50TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Ma Beatriz Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #