

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 009 ****61.25

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| DOCUMENT # N03000001968 | | | | | |
| 1. Entity Name EL PODER DE DIOS, INC. | | | | | |
| Principal Place of Business 6029 THERESA STREET TAMPA, FL 33615 <i>NEW ADDRESS</i> 8202 OLIVEWOOD PL TAMPA FL 33615 | | | Mailing Address 6029 THERESA STREET TAMPA, FL 33615 8202 OLIVEWOOD PL TAMPA FL 33615 | | |
| 2. Principal Place of Business 8202 OLIVEWOOD PL | | | 3. Mailing Address SAME ABOVE | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State TAMPA FLORIDA | | | City & State | | |
| Zip 33615 | | Country Hillsborough | | Zip | |
| Country | | 4. FEI Number 16-1670396 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MARTINEZ, FRANCISCO 8208 OLIVEWOOD PLACE TAMPA, FL 33615 | | | 7. Name and Address of New Registered Agent Name: FRANCISCO MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 8202 OLIVEWOOD PL City: TAMPA FL 33615 | | |
| 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: <i>[Signature]</i> DATE: 6-7-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete NAME: SABOGAL, GUILLERMO STREET ADDRESS: 8604 BLOSSOM AVENUE CITY-ST-ZIP: TAMPA, FL 33614 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | D <input type="checkbox"/> Delete NAME: SERRA, ORAIDA STREET ADDRESS: 7522 MENDON DR CITY-ST-ZIP: TAMPA, FL 33634 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | D <input type="checkbox"/> Delete NAME: MACHADE, CATALINA STREET ADDRESS: 2908 SAINT CONRAD CITY-ST-ZIP: TAMPA, FL 33601 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | DT <input type="checkbox"/> Delete NAME: MOTA, VIRGINIA STREET ADDRESS: 6011 N THATCHER AVENUE CITY-ST-ZIP: TAMPA, FL 33614 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | DS <input type="checkbox"/> Delete NAME: CASTILLO, SILVIA STREET ADDRESS: 5604 TOWN N COUNTRY BLVD CITY-ST-ZIP: TAMPA, FL 33615 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | P <input type="checkbox"/> Delete NAME: MARTINEZ, FRANCISCO STREET ADDRESS: 8202 OLIVEWOOD PLACE CITY-ST-ZIP: TAMPA, FL 33615 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> DATE: 6-7-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |