

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003954

**FILED**  
**Sep 09, 2004**  
**Secretary of State****Entity Name:** IGLESIA CRISTIANA RESTAURACION Y VIDA, INC.**Current Principal Place of Business:**8919 TAFT STREET  
PEMBROKE PINES, FL 33024 US**New Principal Place of Business:****Current Mailing Address:**8919 TAFT STREET  
PEMBROKE PINES, FL 33024 US**New Mailing Address:****FEI Number:** 38-3681177**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CRUZ, LUIS A  
7710 NW 5 STREET  
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** CRUZ, LUIS A  
**Address:** 7710 NW 5 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US**Title:** TREA ( ) Delete  
**Name:** RIVERA, WILLIAM  
**Address:** 2200 ACAPULCO DRIVE  
**City-St-Zip:** MIRAMAR, FL 33023 US**Title:** SECR ( ) Delete  
**Name:** NEGRON, MEREDITH  
**Address:** 569 NW 100 PLACE  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SECR (X) Change ( ) Addition  
**Name:** CARCAMO, LUCY  
**Address:** 9451 NW 15 ST  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US**Title:** T ( ) Change (X) Addition  
**Name:** QUILES, ELVIS  
**Address:** 920 SW 86THAVE  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. CRUZ

P

09/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date