

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90004 015 \*\*\*\*61.25

<b>DOCUMENT # N03000003954</b>					
<b>1. Entity Name</b> IGLESIA CRISTIANA RESTAURACION Y VIDA, INC.					
<b>Principal Place of Business</b> 3301 N. 72ND AVENUE HOLLYWOOD, FL 33024-2408 US			<b>Mailing Address</b> 9800 WEST HEATHER LANE MIRAMAR, FL 33025-2384		
<b>2. Principal Place of Business - No P.O. Box #</b> 9800 WEST HEATHER LANE		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIRAMAR, FLORIDA		<b>City &amp; State</b>		<b>4. FEI Number</b> 38-3681177	
<b>Zip</b> 33025-2384		<b>Country</b> U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JUSTINIANO, VICTORIA 9800 W. HEATHER LANE MIRAMAR, FL 33025-2384			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> JUSTINIANO, VICTORIA		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 9800 W. HEATHER LANE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b> VP	<b>NAME</b> JUSTINIANO, RUBEN		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 9800 W. HEATHER LANE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b> SECR	<b>NAME</b> MEDINA, OLGA		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 9800 W. HEATHER LANE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b> T	<b>NAME</b> MATOS, LUIS		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6716 NW 60TH CT	<b>CITY-ST-ZIP</b> TAMARAC, FL 33321			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>NAME</b>	<b>STREET ADDRESS</b>
<b>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.</b>					
<b>SIGNATURE:</b> <i>VICTORIA JUSTINIANO</i> <i>Victoria Justino</i> <i>6/11/07 954 764-1045</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					