

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

DOCUMENT# N03000004727

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** ASSEMBLEIA DE DEUS CRISTO LIBERTA, INC.**Current Principal Place of Business:**270 LAYNE BLVD.  
UNIT 202  
HALLANDALE, FL 33009**New Principal Place of Business:**270 LAYNE BLVD.  
UNIT 202  
HALLANDALE, FL 33009 US**Current Mailing Address:**270 LAYNE BLVD.  
UNIT 202  
HALLANDALE, FL 33009**New Mailing Address:**1955 LINCOLN STREET  
APT 2  
HOLLYWOOD, FL 33020 US**FEI Number:** 58-2673576**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORDON, YVES M  
6637 NW 181ST TERRACE  
MIAMI, FL 33015 US**Name and Address of New Registered Agent:**CALHEIROS, KATHRYN M  
1955 LINCOLN STREET  
APT 2  
HOLLYWOOD, FL 33020 US

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: KATHRYN MARIE CALHEIROS

04/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLIVEIRA, FRANCISCO  
Address: 270 LAYNE BLVD., UNIT 202  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: CORDONRA, YVES M  
Address: 6637 NW 181ST TERRACE  
City-St-Zip: MIAMI, FL 33009

Title: SD ( ) Delete  
Name: DELIMA, MONICA A  
Address: 270 LAYNE BLVD., UNIT 202  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: CALHELROS, KATHRYN M  
Address: 270 LAYNE BLVD., UNIT 202  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: OLIVEIRA, NEIDE A  
Address: 270 LAYNE BLVD., UNIT 202  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHRYN MARIE CALHEIROS

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date