

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90695 012 \*\*\*\*61.25

**DOCUMENT # N03000006150**

1. Entity Name

**IGLESIA PENTACOSTES PUERTA DE AVIVAMIENTO  
INC.**



Principal Place of Business

1420 NE 154 TERRACE  
NORTH MIAMI FL 33162

Mailing Address

1420 NE 154 TERRACE  
NORTH MIAMI FL 33162

*Iglesia*

2. Principal Place of Business

*4810 NE 2 AVE*

3. Mailing Address

*1420 NE 154 TER*

Suite, Apt. #, etc.

*4810 NE 2 AVE*

Suite, Apt. #, etc.

*n.m.B. FL.*

City & State

*miami FL.*

City & State

*miami FL.*

Zip

*33137*

Country

Zip

*33162*

Country

4. FEI Number

*Applied For*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

**VASQUEZ, ELIO**  
**1420 NE 154 TERRACE**  
**NORTH MIAMI FL 33162**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*Elio Vasquez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VASQUEZ, ELIO</b>	
STREET ADDRESS	<b>1420 NE 154 TERRACE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33162</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VASQUEZ, MARIA P</b>	
STREET ADDRESS	<b>1420 NE 154 TERRACE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33162</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RAMIREZ, YANY</b>	
STREET ADDRESS	<b>6005 NE 2ND AVE T68</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Elio Vasquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/04*

Date

Daytime Phone #