

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007555	
1. Entity Name IGLESIA LA VIDA ETERNA INC.	

Principal Place of Business 1793 WEST 37 STREET 2ND FLOOR HALEAH, FL 33012	Mailing Address 6259 SW 62 CT MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

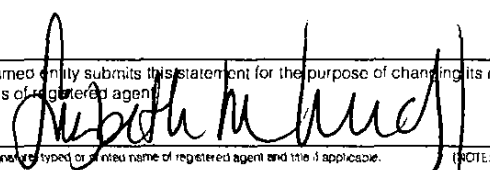


01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2391547	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENDEZ, LIZBETH M 6259 SW 62 CT MIAMI, FL 33143
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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  Lizbeth M. Mendez	DATE 1/29/07

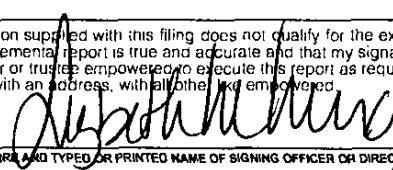
Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, RAFAEL A 6259 SW 62 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, LIZBETH M 6259 SW 62 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GONZALEZ, LOURDES 6259 SW 62 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000615571
02/06/07-80076-011 61.25

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, who are empowered.		
SIGNATURE: 	Lizbeth M. Mendez	305-300-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/29/07	DAYTIME PHONE #