2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2007 08:00 AM DOCUMENT # N03000008454 **Secretary of State** IGLESIA DE DIOS RIOS DE AGUA VIVA IN MIAMI, INC. Principal Place of Business Mailing Address 1500 NW 29 ST 1500 NW 29 ST MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Some-Sulte, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-NP CR2E037 (12/06) 4. FEI Number 57-1189141 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOYOS, JORGE Street Address (P.O. Box Number is Not Acceptable) 3508 CLEVELAND STREET HOLLYWOOD, FL 33021 Zip Code 8. The above named entity submits stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registr SIGNATURE NYANGE 1 Agent signature required when reinstating) DATE ancing \$5.00 May Be Make check payable to Florida Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Change ☐ Addition HOY NAME U00000678478 STREET ADDRESS 229 S CITY-ST-ZIP MIAMI. 04/02/07-80033-013 70.00 DS TITLE Change Addition ANDERS NAME STREET ADDRESS 238 NE 5 CITY-ST-ZIP MIAMI, FL • ST-7IP DT TITLE me Change Addition NUTTER, BIL NAME NAME 220 2 62 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL CITY-ST-ZIP Delete Addition **BURGOS, TADEO TRUSTEE** NAME NAME STREET ADDRESS 1530 NW 29 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DEL ROSARIO, ALEJANDRO NAME NAME 9400 NW 28 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 City-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE

NATURE AND THE OF BEATING OFFICER OF DIRECTOR

3/19/07 (954)989-628,

FILED