


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N04000002918 |  |
| 1. Entity Name IGLESIA CENTRO DE RESTAURACION EL MANTO DEL PODER DEL ESPIRITU SANTO INC. | |

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| Principal Place of Business 572 IMPERIAL PLACE KISSIMMEE, FL 34758 | Mailing Address 572 IMPERIAL PLACE KISSIMMEE, FL 34758 |
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03162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 80-0104409 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RIVERA, ABIGALEONEL 572 IMPERIAL PLACE KISSIMMEE, FL 34758 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT RIVERA, ABIGALEONEL 572 IMPERIAL PLACE KISSIMMEE, FL 34758 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT RIVERA, LILLIAN 572 IMPERIAL PLACE KISSIMMEE, FL 34758 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT PLANEDEBALL, JUAN 505 KOALA DR. KISSIMMEE, FL 34759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PLANEDEBALL, BLANCA M 505 KOALA DR. KISSIMMEE, FL 34759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/29/07-80089-004 61.25

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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.

| | | |
|---|---------------------|--------------------------------|
| SIGNATURE:  | 16/3/07 | 407-870-2876 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |