

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004775

FILED
Apr 29, 2009
Secretary of State

Entity Name: IGLESIA RESTAURACION, INC.

Current Principal Place of Business:

410 CHICAGO WOODS CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

410 CHICAGO WOODS CIRCLE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 55-0867635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, CARMEN L SRA.
410 CHICAGO WOODS CIRCLE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, EDWIN SR.
Address: 410 CHICAGO WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: PEREZ, NAZARIO SR.
Address: BONEVILLE HEIGHT 31 COMERIO
City-St-Zip: CAGUAS, PR 00727

Title: S () Delete
Name: ROSADO, CARMEN L SRA.
Address: 410 CHICAGO WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: VAZQUEZ, SARA SRA.
Address: CALLE CANOVANAS #36 BONEVILLE HIGH
City-St-Zip: CAGUAS, PR 00727

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWIN PEREZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date