

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006751

FILED
Jan 30, 2007
Secretary of State

Entity Name: IGLESIA DE CRISTO MI-EL, INC.

Current Principal Place of Business:

100 MIRACLE MILE 3 FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

1560 SARAGOSSA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

1560 SARAGOSSA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 84-1652708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, EDGAR
1560 SARAGOSSA AVE
CORAL GABLES, FL 33134 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: DP () Delete
Name: PINEDA, EDGAR
Address: 1560 SARAGOSSA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: PINEDA, VERONICA
Address: 1560 SARAGOSSA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PINEDA, BARBARA
Address: 1560 SARAGOSSA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GONZALEZ, JONATHAN
Address: 15887 SW 55 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: DS (X) Change () Addition
Name: CEARA, AMELIA B
Address: 8854 WEST FLAGLER STREET #210
City-St-Zip: MIAMI, FL 33174

Title: DT (X) Change () Addition
Name: PINEDA, EDGAR
Address: 1560 SARAGOSSA AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: EDGAR PINEDA

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01/30/2007

Electronic Signature of Signing Officer or Director

Date