

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90250 017 ****61.25

DOCUMENT # N04000009703 1. Entity Name IGLESIA CRISTIANA DE CARACAS, INC.					
Principal Place of Business 10601 SW 48TH STREET MIAMI FL 33165			Mailing Address 10601 SW 48TH STREET MIAMI FL 33165		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1899456	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VAN DALEN, GERARDO 10601 SW 48TH STREET MIAMI FL 33165				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW. FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ETTEDGUI, OSCAR E 10601 SW 48TH STREET MIAMI FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, JUAN C 10601 SW 48TH STREET MIAMI FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VAN DALEN, GERARDO 10601 SW 48TH STREET MIAMI FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, JUAN M 10601 SW 48TH STREET MIAMI FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, EZEQUIEL R 10601 SW 48TH STREET MIAMI FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other further explanation.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/5/08 305 559-4851 Daytime Phone #		