


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90032 024 ****61.25

DOCUMENT # N04000010468 1. Entity Name MOVIMIENTO CREYENDOLE A DIOS, INC.	
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Principal Place of Business CARR. #3 RAMAL 906 KM. 3.9 BARRIO GANDULAR YABUCOA, PR 00767	Mailing Address HC-02 BOX 8406 YABUCOA, PR 00767
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 66-0630078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALDONADO, ELIZABETH 2941 UNIVERSE WAY LAKE LAND, FL 33801	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, ELIZABETH HC 02 BOX 8406 YABUCOA, PR 00767
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Change of Address
Elizabeth Maldonado
6150 Ryerson Circle # 5
Wesley Chapel, FL. 33544

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: *Elizabeth Maldonado* *Elizabeth Maldonado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____