



# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000000167</b> 1. Entity Name <b>IGLESIA PLAN DE DIOS, INC.</b>				<b>FILED</b> <b>10 JUN -1 AM 11:41</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2390 S W 60 WAY</b> <b>MIRAMAR, FL 33023</b>		Mailing Address <b>2390 S W 60 WAY</b> <b>MIRAMAR, FL 33023</b>			
2. Principal Place of Business - No P.O. Box # <b>2390 SW 60 way</b>		3. Mailing Address <b>2390 SW 60 way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miramar FL</b>		City & State <b>Miramar FL</b>		4. FEI Number <b>20-2103526</b>	
Zip <b>33023</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ENIT, BORJA</b> <b>2390 S W 60 WAY</b> <b>MIRAMAR, FL 33023</b>				7. Name and Address of New Registered Agent Name <b>Enit Borja</b> Street Address (P.O. Box Number is Not Acceptable) <b>2390 SW 60 way</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33023</b>	
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 <b>Enit Borja</b> DATE <b>05-21-2010</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 24, 2010</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARO, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENIT, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARO, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENIT, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>Alvaro Borja</b>		DATE: <b>05-21-2010</b>			