2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2007 8:00 am Secretary of State

Daytime Phone #

06-06-2007 90002 021 ****61.25 DOCUMENT # N05000002133 PUERTA AL CIELO WORLD OUTREACH, INC. Principal Place of Business Mailing Address 1861 NW 6 ST 367 SW 11TH, ST. 40119927 MIAMI, FL 33125 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # Mailing Address 1861 NU 65T Suite, Apt. #, etc. Suite, Apt. #, etc. 05302007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, NEIL 367 SW 11TH. ST. MIAMI, FL 33130 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 regist ed agent. SIGNATURE (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change noitibba 🔲 TITLE ☐ Delete TITLE LAZO, LEONEL NAME NAME STREET ADDRESS 1861 NW 6 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP CEO ☐ Addition TITLE Delete TITLE Change GONZALEZ, NEIL NAME 367 SW 11TH, ST, #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33130 VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE REYES, MANUEL D NAME NAME STREET ADDRESS 542 SW 2ND ST STREET ADDRESS MIAMI, FL 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition SEC TITLE TITLE 💢 Delete NAME GONZALEZ, NEIL NAME 367 SW 11TH, ST, #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Staputes. 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

NAME OF SIGNING OFFICER OR DIRECTOR