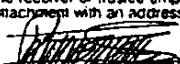


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-02-2006 90213 046 ****61.25

DOCUMENT # N05000007377					
1. Entity Name MINISTERIO EVANGELISTICO PENTECOSTES LIRIO DE LOS VALLES, INC					
Principal Place of Business 1012 S DIXIE HWY LAKE WORTH FL 33460		Mailing Address 50 LANCASTER DR GREENACRES FL 33463			
2. Principal Place of Business 1012 S DIXIE HWY		3. Mailing Address 50 LANCASTER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth FL		City & State Greenacres FL		4. FEI Number 20-3188395 @5000007377	
Zip 33460	Country USA	Zip 33463	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, ROBERTO 50 LANCASTER DR GREENACRES FL 33463				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 				DATE 6-9-06	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, ROBERTO		NAME		
STREET ADDRESS	50 LANCASTER DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEBASTIAN, GASPAR L		NAME		
STREET ADDRESS	50 LANCASTER DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MATEO, SEBASTIAN		NAME		
STREET ADDRESS	50 LANCASTER DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MATEO, PABLO A		NAME		
STREET ADDRESS	50 LANCASTER DR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, with all other like empowered.					
SIGNATURE:  Roberto Lopez			DATE: 6-9-06 FILE NO: 561252-1531		